EMPLOYEE SCREENING QUESTIONS
Thank you for taking the time to keep our school community safe.
1. Are any of the following statements true? • I have tested positive for COVID-19 in the last 10 days. • I have been tested because of COVID-19 symptoms and I am still waiting for results.
YES, one of the statements above is true.
NO.
2. Do you live in a household with a person who has COVID-19 symptoms and: ○ is waiting to take a COVID-19 test or ○ is waiting for test results or ○ has a confirmed COVID-19 diagnosis
YES
NO
3. In the past 24 hours, have you felt feverish or had a measured temperature greater than 100.4° F?
YES
NO
4. Over the past 24-hours, have <u>you or anyone living in the household</u> had any of the following symptoms that are not related to another condition? • Fever or chills • New cough • Shortness of breath • Muscle or body aches • New loss of taste or smell • Diarrhea or vomiting
YES
NO
5. In the past 10 days, have you come into close contact (within 6 feet for 15 minutes or more) with someone who has tested positive for COVID-19 or is a member of a classroom or cohort with exposure to a potentially infected employee?
YES
NO
6. Are you currently under isolation or quarantine?
YES
NO