

COVID-19 Screening Tool for School Staff & Visitors

Use this checklist every day before entering a school building.

If you answer "YES" to one or more questions, you must say home.

Question 1: Do you have any **new**, **unusual**, or **worsening** symptoms as listed in Box A and Box B below?

Box A

- Fever? (100.4° F or greater)
- Cough?
- Shortness of breath?
- Difficulty breathing?
- Loss of smell or taste?

Do you have at least **1** of these symptoms?

☐ YES ☐ NO

Box B

- Vomiting or diarrhea?
- Headache?
- Sore throat?
- Runny nose and/or congestion?
- Body aches and/or tiredness?

Do you have at least **2** of these symptoms?

☐ YES ☐ NO

► If the answer to any of the questions above is "yes", stay home and consult your primary care physician. If a doctor determines that the symptoms are due to another diagnosis, or COVID-19 is ruled out, you may enter the school after being fever-free for 24 hours **without** the use of fever-reducing medications.

Question 2: In the last 14 days, have you been identified as a close contact of anyone who has had a positive COVID-19 diagnostic test? You may answer "NO" if:

- it has been more than two weeks since you received the second dose of the COVID-19 vaccine and
- that second dose was received not more than 3 months ago.

☐ YES ☐ NO

► If the answer to this questions is "yes", you must stay home to quarantine for at least 10 days (the quarantine period may be extended to 14 days by your medical provider or the school depending on your individual circumstances) from the last exposure to the close contact unless symptoms appear. (See section above regarding symptoms in Box 1 and Box 2.)

Question 3: Have you returned to the U.S. after traveling internationally in the last 7 days?

☐ YES ☐ NO

► If the answer to this questions is yes, you must stay home to quarantine for 7 days from the date that you returned to the U. S. Then on the seventh day, you must get a COVID PCR test and have a negative test result before returning to school.

Name: _____ Building you are entering: _____

I have answered these questions truthfully, and understand that failure to do so could result in discipline action, up to and including discharge.

Signature _____

Date _____

If you answered "yes" to any of the questions above, do not report to work. Notify your immediate supervisor immediately and refer to Section VII of the COVID-19 Preparedness and Response Plan and Policy, available at [www.taylorschools.net] for instructions as to when you may return to work.

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