



LA CRESCENT-HOKAH

PUBLIC SCHOOLS

VISITOR AND EMPLOYEE HEALTH SCREENING CHECKLIST

Each visitor to this building must have their temperature screened and also review the following screening survey before entering the building any further. If you can answer yes to any of the following questions or if your temperature is 100.4 degrees or more, you must leave the building immediately.

We advise those who answer "yes" to any of the screening questions to go home, stay away from other people, and contact your health care provider for further instruction.

La Crescent-Hokah Public Schools appreciates your cooperation in keeping our students and staff safe and healthy.

Questionnaire provided by the Minnesota Department of Health.



Do you have any of the following symptoms that you cannot attribute to another health condition? District many require MD documentation of condition prior to admittance.

Please answer "Yes" or "No" to each question. Do you have:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	A fever, temperature above 100.4?
<input type="checkbox"/>	<input type="checkbox"/>	Chills?
<input type="checkbox"/>	<input type="checkbox"/>	Nausea, vomiting, or diarrhea?
<input type="checkbox"/>	<input type="checkbox"/>	New cough?
<input type="checkbox"/>	<input type="checkbox"/>	New shortness of breath?
<input type="checkbox"/>	<input type="checkbox"/>	New sore throat?
<input type="checkbox"/>	<input type="checkbox"/>	Fatigue or body aches?
<input type="checkbox"/>	<input type="checkbox"/>	New headache?
<input type="checkbox"/>	<input type="checkbox"/>	Congestion or runny nose?
<input type="checkbox"/>	<input type="checkbox"/>	New loss of smell or taste?