**COVID-19 Workplace Health and Screening Form**

**Instructions:** All employees and visitors must complete this form before being admitted to the St. Pius X Elementary School facilities. St. Pius X Elementary School reserves the right to refuse admittance to any person based on their responses to the questions posed and information requested by this form.

Entrant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_

Time:

**Part A:** In the past 24 hours, have you experienced:

|  |  |  |
| --- | --- | --- |
| Sore throat: | YES  |  NO |
| New or worsening cough:  | YES  |  NO |
| Fever: | YES  |  NO |
| Sneezing: | YES  |  NO |

**Instructions:**

If you answered YES to any of the symptoms listed above, you will not be admitted to the facilities. Self-isolate at home and contact your primary care doctor for directions. If you answered NO to all the above, complete the next part of the form.

**Part B:** In the past 14 days, have you:

Had close contact, i.e. within 6 feet, of a person diagnosed with COVID-19 to the best of your knowledge.

|  |  |  |
| --- | --- | --- |
|  | YES  |  NO |

Traveled internationally by plane?

|  |  |  |
| --- | --- | --- |
|  | YES  |  NO |

**Instructions:**

If you answered YES, you are not permitted to enter the facilities and should self-quarantine at home for 14 days following close contact with the COVID-19 positive person or returning from international travel.