

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: _____

Phone Number: _____

Part A: Are you displaying any of the following new or worsening symptoms:

- **Fever or Chills** **Yes**
- **Cough** **Yes**
- **Loss of sense of smell or taste** **Yes**
- **Difficulty breathing** **Yes**
- **Sore Throat** **Yes**
- **Loss of appetite** **Yes**
- **Extreme fatigue or tiredness** **Yes**
- **Headache** **Yes**
- **Body aches** **Yes**
- **Nausea or vomiting** **Yes**
- **Diarrhea** **Yes**

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 not, 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?

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.