

# COVID-19 PREPAREDNESS AND RESPONSE PLAN AND POLICY

## COVID-19 DAILY SCREENING QUESTIONNAIRE

Name: \_\_\_\_\_ Worksite/Building: \_\_\_\_\_

### 1. In the past 24 hours, have you experienced any of the following symptoms?

Fever (of 100.4° or higher, or feeling feverish) or chills	<input type="radio"/> Yes	<input type="radio"/> No
Cough	<input type="radio"/> Yes	<input type="radio"/> No
Shortness of breath or difficulty breathing	<input type="radio"/> Yes	<input type="radio"/> No
Fatigue	<input type="radio"/> Yes	<input type="radio"/> No
Muscle or body aches	<input type="radio"/> Yes	<input type="radio"/> No
Headache	<input type="radio"/> Yes	<input type="radio"/> No
Loss of taste or smell	<input type="radio"/> Yes	<input type="radio"/> No
Sore throat	<input type="radio"/> Yes	<input type="radio"/> No
Congestion or runny nose	<input type="radio"/> Yes	<input type="radio"/> No
Nausea or vomiting	<input type="radio"/> Yes	<input type="radio"/> No
Diarrhea	<input type="radio"/> Yes	<input type="radio"/> No

(Seek emergency medical care immediately for any of the following symptoms: trouble breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake, bluish lips or face.)

### 2. In the past 14 days, have you tested positive for COVID-19?

Yes       No

### 3. To your knowledge, in the past 14 days, have you had close contact with someone who has tested positive for COVID-19 or is suspected to have COVID-19?

Yes       No

### 4. In the past 14 days, have you traveled outside of the United States?

Yes       No

I have answered these questions truthfully, and understand that failure to do so could result in discipline, 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 [a2schools.org/hrs](https://a2schools.org/hrs) for instructions as to when you may return to work.*