LAUREL-CONCORD-COLERIDGE SCHOOL

EMPLOYEE COVID-19 WELLNESS SCREENING FORM

The safety of our students, employees, and visitors is our priority. As the coronavirus (COVID-19) pandemic continues, we are monitoring the situation closely and following the guidance from the Centers for Disease Control and Prevention and local health authorities. In order to prevent the spread of the coronavirus and reduce the potential risk of exposure, we are asking all employees to complete this questionnaire prior to arriving and reporting to work each day.

Please respond to each of the following questions truthfully and to the best of your ability. Your participation is important to help us take precautionary measures to protect you and all of our employees.

Name:	
Today's Date:	Current Time of Day:

1	Are you currently experiencing, or have you experienced in the past 14 days, any of the following symptoms? (***Please take your temperature before you answer this question.)***
	Yes ☐ No ☐ Fever (> 100.4 degrees) or Having Chills or Feeling Feverish
	Yes ☐ No ☐ Cough (specifically a new cough)
	Yes ☐ No ☐ Shortness of breath or difficulty breathing
	Yes ☐ No ☐ Sore throat
	Yes ☐ No ☐ Congestion or Runny nose
	Yes ☐ No ☐ New loss of taste or smell
	Yes ☐ No ☐ Diarrhea
	Yes ☐ No ☐ Headache
	Yes ☐ No ☐ Muscle or body aches
	Yes ☐ No ☐ Nausea or Vomiting
	Yes ☐ No ☐ Fatigue or feeling unwell
2	In the past 14 days, have you been in close proximity to anyone who was experiencing any of the above symptoms or has experienced any of the above symptoms since your contact? Yes ☐ No☐
3	In the past 14 days, have you or someone in your household been in close contact (within 6 feet for more than 15 minutes) to anyone who is quarantined/isolated, presumed positive, or tested positive for COVID-19? Yes ☐ No☐
4	Have you or someone in your household tested positive for COVID-19, or are you presumptively positive for COVID-19 based on your health care provider's assessment or your symptoms? Yes ☐ No☐

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5	Have you or anyone in your household been tested for COVID-19 and are waiting to receive test results? Yes ☐ No☐
6	In the past 14 days, have you traveled outside of the tri-state area (SD, IA, NE) or traveled outside of the United States? Yes ☐ No ☐
7	In the past 14 days, have you been in close proximity to anyone who has traveled outside of the tri-state area (SD, IA, NE) or traveled outside of the United States? Yes ☐ No ☐

Should you be symptomatic of illness and you answered yes to any of the items in #1, DO NOT report to work. Please contact your physician or the public health department for guidance. Please let your building principal know also.

If you answered YES to any of the questions (#2-#7), please consult with your building principal to discuss your current health status and symptom monitoring.

Please keep your personal Wellness Screening Forms in your own file. Please keep copies for a minimum of 15 days as it may be necessary to reference a form to assist with contact tracing protocols. Following 15 days, the form can be discarded.