



Coronavirus Disease (COVID-19)

Health Screening Form

(To be completed at time of facility entry)

Full Name: _____

Employee

Student

Guest

Contact Number: _____ Time In: _____

1. Have you experienced any of the following symptoms in the past 48 hours or have a current temperature of 100.4 or higher? YES NO

Current temperature: _____ (completed at time of entry)

Fever or chills	Cough	Shortness of Breath	Fatigue
Muscle or body aches	Headache	Sore throat	Nausea or vomiting
Congestion or runny nose	Difficulty breathing	Diarrhea	New loss of taste or smell



If you answered yes, please do not enter facility. You may return once you have been symptom free for 48 hours without the use of fever-reducing medication.

2. Are you fully vaccinated (final vaccination dose was received more than two weeks ago), or have you recovered from a COVID-19 infection in the past 90 days and provided supporting medical documentation to school administration? YES NO



If you answered yes, please skip questions 3-5 and sign form below.

3. In the past 10 days, have you tested positive for COVID-19 or had close contact with an individual that tested positive for Covid-19? YES NO

Close Contact defined by the Center for Disease Control:

- Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.
- You provided care at home to someone who is sick with COVID-19
- You had direct physical contact with the person (hugged or kissed them)
- You shared eating or drinking utensils
- They sneezed, coughed, or somehow got respiratory droplets on you



If you answered yes, please do not enter facility. Contact your supervisor for employees, instructor for students, or designated school contact for guests to determine when it is safe for you to return.

Center for Disease Control (CDC) high-risk activity assessment: In the past 10 days, have you:

4. Traveled via airplane or cruise ship either internationally or domestically? YES NO
5. Attended a large in-person, non-family gathering (10+ people indoors or 100+ people outdoors) where recommended safety protocols (masks or social distancing) were not followed? YES NO



If you answered yes to either of the above questions, a 10-day quarantine period (from date of gathering or last date of travel) is required before entering any Dorsey facility.

To the best of my knowledge, I have answered the above questions honestly and accurately.

Signature

Date