



ACCESS | INSPIRE | ACHIEVE

ST. MARY'S SCHOOL FOR THE DEAF EMPLOYEE DAILY HEALTH SCREENING QUESTIONNAIRE

Your health and safety is our primary concern. If you are sick, you must stay home. If you become ill at work, you must go home. You may only work if all of the following statements are true:

1. I checked my temperature today, and I do not have a fever of 100.0° F or greater.
2. Neither I, nor anyone residing in my household, currently has or had ANY of the following COVID-19 symptoms within the last 10 days:

Fever of 100.0° F or greater	Muscle or body aches
Cough	Sore throat
Shortness of breath or difficulty breathing	New loss of taste or smell
Chills	Gastrointestinal symptoms (nausea, vomiting or diarrhea)
Headache	Congestion or runny nose

***Note:** Symptoms attributed to chronic conditions such as asthma and allergies or chronic gastrointestinal conditions may present the same symptoms as COVID-19 but are neither contagious nor pose a public health threat and are not considered symptoms of COVID-19.

3. I have not tested positive for COVID-19 within the last 10 days.
4. I have not knowingly been in close or proximate contact in the past 10 days with anyone who has tested positive through a diagnostic test for COVID-19 or who has or had symptoms of COVID-19.

*If you have had close contact but are fully vaccinated and are not presenting possible symptoms of infection or have been informed by the Department of Health that you do not need to quarantine you may respond "no" to this question."

I hereby certify that the above statements are ALL true. (If you cannot certify these statements, you may not work.) I also affirm that I understand that I must notify the school nurse if I develop symptoms or if my answers to the screening questionnaire change.

Employee Name

Employee Signature

Date

If you cannot certify these statements, you may not report to work in-person and you should contact your supervisor for further guidance.