

## BISHOP CISD STAFF SELF-SCREENER FOR COVID-19

All staff are required to conduct a daily self-screener, including checking your temperature before reporting for onsite work. If you are unable to check your temperature at home, report to \_\_\_\_\_ when you arrive onsite. Employees are required to report results according to established procedures (e.g., electronically, submit paper copy).

Name: \_\_\_\_\_ Campus/Department: \_\_\_\_\_

Date: \_\_\_\_\_

| Yes | No |   |
|-----|----|---|
|     |    | Are you lab-confirmed with COVID-19?  |
|     |    | In the past 14 days, have you had close contact with an individual who is lab-confirmed with COVID-19?  |
|     |    | Have you recently begun experiencing <b>any</b> of the following in a way that is not normal for you?   |
|     |    | <ul style="list-style-type: none"> <li>• Fever (<math>\geq 100.0^{\circ}\text{F}^*</math>) or chills</li> <li>• Loss of taste or smell</li> <li>• Cough</li> <li>• Difficulty breathing</li> <li>• Shortness of breath</li> <li>• Headache</li> <li>• Fatigue</li> <li>• Significant muscle or body aches</li> <li>• Sore throat</li> <li>• Congestion or runny nose</li> <li>• Nausea, vomiting, diarrhea</li> </ul> |
|     |    | <small>*Included on Texas Education Agency list of symptoms</small>   |

**If you answered yes to any of the above, you are required to:**

- Remain off campus until cleared to return
- Notify your supervisor and \_\_\_\_\_ (*district COVID-19 contact person*)
- Provide \_\_\_\_\_ with health status updates

*It is also recommended that you consult with your health care provider.*

**Reminders to follow if you are cleared to return:**

- Wear a mask or face covering
- Wash your hands or use hand sanitizer regularly
- Practice social distancing of at least 6 feet
- Notify your supervisor if you have traveled outside the area in the last 14 days

*This form must remain confidential. Any form with a yes response will be destroyed once response is addressed.*