

BISHOP CISD VISITOR SCREENER FOR COVID-19

The district is required to screen all visitors to determine if they have COVID-19 symptoms, are lab-confirmed with COVID-19, or have had close contact with an individual who is lab-confirmed with COVID-19. Screening questions may be supplemented with temperature check of adults.

Name: _____ Campus/Department: _____

Date: _____ Phone Number: _____

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 any of the following in a way that is not normal for you?
		<ul style="list-style-type: none"> • Fever ($\geq 100.0^*$) or chills • Loss of taste or smell • Cough • Difficulty breathing • Shortness of breath • Headache • Fatigue • Significant muscle or body aches • Sore throat • Congestion or runny nose • Nausea, vomiting, diarrhea <p style="text-align: right; font-size: small;">*Included on Texas Education Agency list of symptoms</p>

If you answered yes to any of the above:

- You must remain off campus until cleared to return
- Contact _____ for more information

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

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