

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.

Name: _____ Campus: _____

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 ($\geq 100.4^*$) 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*, or abdominal pain* <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

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.

