Appendix A

COVID-19 School Staff Health Screening

Barry-Eaton District Health Department

School District/Building: _____

Employee: _____ Date/Time: _____

1. In the last 14 days, have you developed any of the following symptoms that are new/different/worse from baseline of any chronic illness:

Fever of 100.4ºF or higher, or felt feverish:	☐ Yes	☐ No
New or worsening cough:	☐ Yes	☐ No
Shortness of breath or difficulty breathing:	☐ Yes	☐ No

2. In the last 14 days, have you developed any of the following symptoms that are new/different/worse from baseline of any chronic illness:

Chills:	☐ Yes	☐ No
Headache:	☐ Yes	☐ No
Sore throat:	☐ Yes	☐ No
Loss of smell or taste:	☐ Yes	☐ No
Runny nose or congestion:	☐ Yes	☐ No
Muscle aches:	☐ Yes	☐ No
Abdominal pain:	☐ Yes	☐ No
Fatigue:	☐ Yes	☐ No
Nausea:	☐ Yes	☐ No
Vomiting:	☐ Yes	☐ No
Diarrhea:	☐ Yes	☐ No
Current Temperature:		

If you answer **YES** to any of the symptoms listed in section 1, **OR YES** to two or more of the symptoms listed in section 2, please do not go into work. Self-isolate at home and contact your primary care physician's office for direction.

You may return to work when:

1. Your symptoms improve, **AND**
2. You have been fever-free for at least 24 hours without fever-reducing medication, **AND**
3. Any of the following apply:
   a. Another cause is identified for your symptoms by a healthcare provider, **OR**
   b. You test negative for COVID-19 with a diagnostic test, **OR**
   c. At least 10 days have passed since symptoms first appeared

In the past 14 days, have you:

Had close contact with an individual diagnosed with COVID-19?	☐ Yes	☐ No
Traveled internationally or to a place with widespread COVID-19?	☐ Yes	☐ No

If you answer **YES** to either of these questions, please do not go into work. Self-quarantine at home for 14 days. Contact your primary care physician's office if you have symptoms or have had close contact with an individual for evaluation. If you are given a probable diagnosis or test positive call your local health department to ensure they are aware.

Signature:_____ Date: _____

DISCLAIMER: This screening tool is subject to change based on the latest information on COVID-19
For more information, visit www.barryeatonhealth.org/coronavirus or www.michigan.cov/coronavirus