

# OLS COVID-19 WORKPLACE HEALTH & SCREENING FORM

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

**Instructions:** All employees, and visitors must complete this Form before being admitted to OLS School facilities. OLS School reserves the right to refuse admittance to any person on the basis of their responses to the questions posed and information requested by this Form.

Family Name: \_\_\_\_\_

Students Name \_\_\_\_\_ Grade \_\_\_\_\_ Attending Days \_\_\_\_\_

Students Name \_\_\_\_\_ Grade \_\_\_\_\_ Attending Days \_\_\_\_\_

Students Name \_\_\_\_\_ Grade \_\_\_\_\_ Attending Days \_\_\_\_\_

Students Name \_\_\_\_\_ Grade \_\_\_\_\_ Attending Days \_\_\_\_\_

## Part A: In the past 24 hours, have you experienced:

- Sore throat: NO
- New or worsening cough: NO
- Fever: NO
- Sneezing: NO

**Instructions:** If you answered YES to any of the symptoms listed above **STOP!** you will not be admitted to the facilities Self-isolate at home and contact your primary care doctor for directions. If you answered **NO to all of the above** complete the next part of the Form.

## Part B: In the past 14 days, have you:

- Had close contact, i.e., within 6 feet, of a person diagnosed with COVID-19? NO
- Traveled internationally by plane? NO

**Instructions:** If you answered YES you are not permitted to enter the facilities and should self-quarantine at home for 14 days following close contact with the COVID-19 positive person or return from international travel.

**\*\*Please NOTIFY the School Office if you answered YES to any of the above A or B Questions above!**