

YCCD COVID-19 Screening



Employee Name:

Date:

Time:

Purpose: To assist in creating a healthy work environment for essential employees, each day all employees are to be screened or self-screen, for signs of respiratory illness accompanied by fever before arriving on campus.

Instructions: ALL persons entering District buildings must answer the following questions. This record is to be retained for 14 days from completion of this form and have this form available upon request from the Public Health Department.

1. Have you washed your hands or used alcohol-based hand sanitizer?

☐ YES ☐ NO – If NO, please to do so.

2. Do you have any of the following respiratory symptoms?

☐ Fever ☐ Sore throat ☐ New or worsening cough ☐ New or worsening shortness of breath

• **If YES to any, DO NOT report to work or enter the building and go, or stay at home. ***

• **If NO to all, proceed to next steps.**

3. Employee's temperature: temp °F. If you do not have a thermometer to take your temperature, go to step #3B.

3A. Do you have a fever (temperature 100.4°F or greater) ☐ YES ☐ NO?

• **If YES, DO NOT report to work or enter the building and go, or stay at home. ***

• **If NO, proceed to question #3B.**

3B. Please answer the following for the past 14 days from today:

1. Are you caring for, or have you been exposed to, someone that has tested positive for COVID-19 or is experiencing symptoms of COVID-19? ☐ YES ☐ NO

2. Have you worked with persons with confirmed COVID-19 by lab test? ☐ YES ☐ NO

• **If YES to 1 or 2, DO NOT report to work or enter the buildings and go, or stay at home. ***

3. Do you have an appropriate face covering or mask to wear? ☐ Yes ☐ No

a. **If NO, you must acquire one prior to reporting to campus/work or entering building.**

4. I have notified my supervisor of my status and obtained his/her permission to enter campus/report to work. ☐ Yes ☐ No

4. Upon entry to building or reporting to worksite:

☐ I agree to wash my hands or use alcohol-based hand sanitizer throughout my time in the building.

☐ I agree to not shake hands with, touch, or hug others during my visit.

☐ I agree to follow social distancing and mask wearing guidelines. ([Click Here for Mask Guidelines](#))

Person performing screening name:

or ☐ Self-Check

*** Please inform your supervisor of your conditions which were not cleared to enable you to report to work or enter the building. You are responsible for following-up with your primary care physician if needed.**