

{{School District Name}}

## STAFF COVID SYMPTOM CHECKLIST (SELF CERTIFICATION)

**NOTE:** Please complete the STAFF COVID SYMPTOM CHECKLIST every day before entering school grounds. This form is to protect the health and safety of both students and faculty at {{School Name}}. All parties entering school grounds must complete the symptom checklist and verify they are **symptom free** before being allowed on campus.

STAFF NAME	DEPARTMENT	DATE
CONTACT NUMBER	EMAIL ADDRESS	SUPERVISOR'S NAME

1. Have you received a diagnosis for coronavirus (COVID-19) by a coronavirus test or from a diagnosis by a health care professional in the last 14 days?  Yes  No
2. Have you had any close contact with someone diagnosed with COVID-19 within the last 14 days?  Yes  No
3. Have you experienced any cold or flu-like symptoms in the last 14 days?  
*Fever, cough, sore throat, trouble breathing, extreme fatigue, or diarrhea?*  Yes  No

**\*\* If Yes, please do not come to school. Please notify the school's health department and immediately contact a healthcare professional.\*\***

4. Did you travel outside of the greater {{City}} area in the last 14 days?  Yes  No

If No, proceed to question 5.

If Yes, where specifically did you travel and dates?

**Location**

**Date**

_____	_____
_____	_____
_____	_____

5. Has the public health department provided you with any instructions for quarantine or symptom monitoring?  Yes  No

If Yes, please explain:

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE