

Madera Unified School District COVID – 19 Screening Checklist

Employee/Visitor Name: _____

Date: _____

Based on the Febrile Respiratory Illness Health Order, all employers, **on a daily basis**, are to screen all employees and visitors for signs of respiratory illness accompanied by fever.

Please complete the following **each day** you report to work or visit the facility.

1. Did you wash your hands or use alcohol-based hand sanitizer upon entry?
____ YES ____ NO (If no, please wash your hands immediately upon entry.)

2. Do you have any of the following symptoms that **are not related to allergies**?
Check all that apply:

____ Fever/Feeling Feverish ____ Sore Throat ____ New or worsening cough
____ New or worsening shortness of breath ____ Chills/Shaking Chills ____
Loss of taste and/or smell ____ Headache ____ Muscle Pain ____ NONE

3. Have you been in contact with someone with confirmed COVID – 19?
____ NO ____ YES If yes, **DO NOT** enter the building.

If you have any of the above symptoms and/or answered yes to #3, DO NOT enter the building. PLEASE CONTACT YOUR SUPERVISOR AND HUMAN RESOURCES AT 675-4500 ext. 275.

Employees with COVID related symptoms can return to work when ALL of these are true:

- ***It has been 10 days from the start of symptoms.***
- ***No fever for three (3) days without the help of medicine.***
- ***Cough and shortness of breath have significantly improved.***

Please return the completed form to your supervisor (employees) or receptionist (visitors).

Upon entering the building after the screening, please continue to wash your hands frequently and practice 6 feet of social distancing at all times (do not shake hands, fist bumps, elbow bumps, etc).

Thank you for your cooperation in an effort to maintain a clean and safe working environment.