

L'Anse Area Schools COVID-19 Health Screening

Visitors: COMPLETE THIS FORM UPON ENTERING AND GIVE IT TO STAFF AT YOUR DESTINATION

L.A.S. is requiring this health screening in order to help us better protect all of our staff and students. Due to the health and safety risks associated with the COVID-19 pandemic, please maintain 6 feet of distance from others and wear a mask while in the building.

PRINT NAME: _____ DATE(s): _____

YOUR PRIMARY BUILDING LOCATION: ____ Elementary Office ____ Jr-Sr High School Office

Other (please list) _____ TIME ARRIVING: _____ TIME LEAVING: _____

Symptom Questions: Please mark all symptoms that you have experienced in the last 24 hours that are not attributable to a known condition other than COVID-19*

- Fever (100.4 or higher) or Chills
- New uncontrollable cough that causes difficulty breathing
- Diarrhea, vomiting or abdominal pain
- New onset of severe headache, especially with fever
- Sore throat
- NONE OF THE ABOVE**

If you checked any of the above symptoms, **DO NOT** enter the building. Employees must also contact their supervisor.

In the past 14 days, have you:

- | | | |
|-----|----|--|
| Yes | No | Had close contact (within 6 feet of an infected person for at least 15 minutes) With any individual confirmed to be infected with COVID-19? |
| Yes | No | Traveled internationally? |

If you answered yes to any of the above questions regarding symptoms, close contacts or travel history, please go home and contact your supervisor regarding when you can return to the building.

By submitting this screening, you attest that you have responded truthfully to all questions. Employees are requested to share the results with their supervisor in the event they have a COVID-19 test.