



## SHIPPENSBURG AREA SCHOOL DISTRICT COVID-19 Daily Self Checklist for Employees

**NAME:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Building:** \_\_\_\_\_

Complete your COVID-19 Daily Self Checklist each day before arriving to campus. We ask that you check your temperature at home (and upon arrival to school with an on-site thermometer made available to you). These questions must be answered before reporting to work and you must retain this log indefinitely. If you answer yes to any of these questions (or have 3 symptoms) or you have a fever of 100.4 F or higher, **DO NOT REPORT TO WORK.** Call your supervisor immediately.

Date	Temp. reading (do not report to work if 100.4F or higher)	Do you have <b>3</b> of the following symptoms without an unknown cause (i.e. asthma, COPD, sinus infection, etc.) <b>Y=Yes or N=No</b>								Close contact (see below)  Y=Yes or N=No	New loss of taste or smell?  Y=Yes or N=No	Travel outside of PA?  Y=Yes or N=No	If Yes for Travel, contact your Supervisor; may need to self-quarantine up to 14 days
		Sore throat	Chills	Cough	Short of breath	Nausea	Vomiting	Diarrhea	Headache or Muscle Pain				

\*\*Per CDC, close contact is defined as “any individual who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to positive specimen collection) until the time the patient is isolated.”