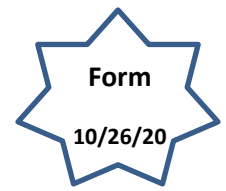




Bais Yaakov School for Girls

Faculty and Staff Certification: COVID Symptom Screening



Faculty/Staff Name: _____ Date: _____

Please complete this form each morning before you arrive at school. No one is permitted in the school building without it.

	NO	YES			
1. Have you been diagnosed with Covid-19 within the past 10 days?	<input type="checkbox"/>	<input type="checkbox"/>			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-right: none;">Your current temperature</td> <td style="width: 40%; border-right: none;"></td> <td style="width: 30%; border-left: none;">Is it 100.4' or higher?</td> </tr> </table>	Your current temperature		Is it 100.4' or higher?		
Your current temperature		Is it 100.4' or higher?			
2. Do you have symptoms of new onset of cough, shortness of breath, or loss of sense of taste or smell?	<input type="checkbox"/>	<input type="checkbox"/>			
3. Do you have at least two of the following: fever 100.4' or higher, feeling feverish or chilly, muscle aches, sore throat, headache, excessive tiredness, or gastrointestinal symptoms (nausea, vomiting or diarrhea), congestion or runny nose?	<input type="checkbox"/>	<input type="checkbox"/>			
4. Have you received any pain/fever reducing medications since you woke up this morning since for symptoms related to COVID?	<input type="checkbox"/>	<input type="checkbox"/>			
5. Is anyone in your home currently sick with symptoms listed in #2 or #3 above, OR has been confirmed COVID-19 positive within the past 10 days?	<input type="checkbox"/>	<input type="checkbox"/>			
6. Are you, or anyone in your home awaiting/pending COVID-19 test results?	<input type="checkbox"/>	<input type="checkbox"/>			
7. Have you been exposed to anyone who is symptomatic or has been confirmed COVID-19 positive within the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>			
8. Have you participated in an indoor or outdoor simcha without being both masked and social-distanced in the past 10 days?	<input type="checkbox"/>	<input type="checkbox"/>			

If you answer "Yes" to any of these questions, do not come to school, and please call your division at 443-548-7700 or email BYCOVIDinfo@BaisYaakov.net to keep us informed. Please do not write anything else on this form.

I certify that the following information is true to the best of my knowledge as of:

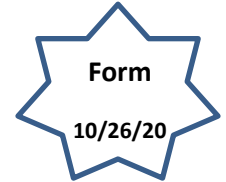
Date: _____ Time: _____ Signature: _____

Call 410-864-8176 for health questions: school days, 7:00 AM - 8:30 AM



Bais Yaakov School for Girls

Faculty and Staff Certification: COVID Symptom Screening



Faculty/Staff Name _____ Date: _____

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