Bais Yaakov School for Girls

Faculty and Staff Certification: COVID Symptom Screening

Form 10/26/20

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?			
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**?			
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**?			
4. Have you received any **pain/fever reducing medications** since you woke up this morning since for symptoms related to COVID?			
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?**			
6. Are you, or anyone in your home **awaiting/pending COVID-19 test results**?			
7. Have you been exposed to anyone who is symptomatic or has been confirmed COVID-19 positive within the past 14 days?			
8. Have you participated in an indoor or outdoor simcha without being both masked and social-distanced in the past 10 days?			

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

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