

DEXTER CONSOLIDATED SCHOOLS
HEALTH SCREENING QUESTIONNAIRE FOR IN-PERSON WORK ACTIVITIES

This form to be completed EACH DAY prior to coming to work.

Employee Name: _____

Work Location: _____ Date: _____

Questions	Mark an X for your response			
In the past 14 days have you (or any member of your immediate household) traveled to a Level 3 country? https://wwwnc.cdc.gov/travel/notices	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
In the past 14 days have you (or any member of your immediate household) been on a cruise or traveled to an area outside of the United States?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
In the past 14 days, have you (or any immediate member of your household) traveled outside of New Mexico?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
In the past 14 days have you had any visitors who reside outside of New Mexico visit your home?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
In the past 14 days, have you had known contact with any person with a suspected or confirmed case of COVID-19?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Do you or any member of your immediate household have any of the following symptoms: <ul style="list-style-type: none"> • Fever (100.0 or greater in the last week), • Cough (even a slight cough), OR • Shortness of breath 	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

If you answered YES TO ANY of the above questions:

On-site work is RESTRICTED.

QUARANTINE AT HOME FOR 14 DAYS. DO NOT COME up to work at a district office/campus.

DO NOT participate as part of any activity that will have you interacting in person with students or staff.

If you answered NO to ALL of the above questions:

In-Person work PERMITTED; use caution.

Persons at high risk for infection should follow the advice and recommendation of their physician.

When coming to work, practice social distancing and frequent hand-washing or use of hand sanitizer.

I certify that to the best of my knowledge, my responses to the above questions are true.

Employee Signature: _____ Date: _____

**If in-person work is permitted, this document must be provided to the campus/worksite supervisor before coming up to the campus, or upon arrival.*