St. Helen's COVID-19 WORKPLACE HEALTH & SCREENING FORM

Instructions: All employees, contractors, parents, clients, and visitors must complete this form before being admitted to St. Helen's School facilities. St. Helen's School reserves the right to refuse admittance to any person on the basis of their responses to the questions posed and the information requested by this Form.

t's Name:					
e's Company:					
	Time:				
: In the past 24 hours, have you ex	perienced:				
Sore throat:	YES []	NO []			
New or worsening cough:	YES[]	NO []			
Shortness of breath or difficulty breathing:	YES[]	NO []			
Sudden loss of smell:	YES[]	NO []			
	's Company: In the past 24 hours, have you ex Sore throat: New or worsening cough: Shortness of breath or difficulty breathing:	E In the past 24 hours, have you experienced: Sore throat: New or worsening cough: YES [] Shortness of breath or difficulty breathing:	Time: In the past 24 hours, have you experienced: Sore throat: YES[] NO[] New or worsening cough: YES[] NO[] Shortness of breath or difficulty YES[] NO[] breathing:	Time: In the past 24 hours, have you experienced: Sore throat: YES [] NO [] New or worsening cough: YES [] NO [] Shortness of breath or difficulty breathing:	Time: In the past 24 hours, have you experienced: Sore throat: YES [] NO [] New or worsening cough: YES [] NO [] Shortness of breath or difficulty YES [] NO [] breathing:

Instructions: If you **answered YES** to any of the symptoms listed above you will not be admitted to the facilities. Self-isolate at home and contact your primary care doctor for directions. If you **answered NO** to all of the above complete the next part of the Form.

Part B: In the past 14 days, have you:

Had close contact, i.e., within 6 feet, of a person diagnosed with COVID-19? YES [] NO [] Traveled internationally or domestically by plane?
 YES [] NO []

If you answered YES to either of the above questions, please answer the following question:

1. Have you been designated as either health care or critical infrastructure worker? YES [] NO []

Instructions: If you **answered NO** that you are **not a** health care or critical infrastructure worker, you are not permitted to enter the facilities and should self-quarantine at home for 14 days following close contact with the COVID-19 positive person or return from international or domestic travel.

If you **answered YES** that you **are** a health care or critical infrastructure worker, you will be permitted to enter the facilities and continue to work if you do not have symptoms.

You must:

- ➤ Wear a face mask at all times while in the workplace for 14 days after your last exposure to the COVID-19 positive person or return from international or domestic travel;
- > Adhere to all St Helen's social distancing protocols and requirements; and
- > Self-monitor while you are in the workplace in accordance with St. Helen's medical procedures.