



RAFOS STAFF DAILY HEALTH SURVEY

Instructions: Under order of the Public Health Officer, staff must undergo a symptom check prior to coming to school or participating in an event. Please check your symptoms at home. Please select Y=Yes and N=No and record on the sheet. **If you answer YES to any of the below questions, you are not allowed to come on to the school campus and should be assessed for further symptoms consistent with COVID-19.** Under order of the Public Health Officer if you suspect you have symptoms consistent with COVID-19 you must stay home until 14 days after your last exposure, or at least 10 days have passed since symptoms first appeared AND 24 hours since your last symptom.

	No	Yes
Please record your temperature here_____. If your temperature is more than 100.4°, you may not come to campus.		
Have you been exposed to someone with COVID-19 in the past 14 days?		
Do you feel ill?		
Do you have:		
<ul style="list-style-type: none"> · Cough · Shortness of breath or difficulty breathing · Chills · Fatigue · Muscle or body aches · Congestion or runny nose · Sore throat · Headache · New loss of taste or smell · Nausea · Vomiting (unidentified cause, unrelated to anxiety or eating) · Diarrhea 		

I attest that the answers above are accurate to the best of my knowledge. I confirm that I have not been exposed to anyone with COVID-19 in the past 14 days.

Printed Name of Employee: _____

Signature of Employee:_____

Date: _____