



**Instructions:** Please complete this form and return it to your administrator or supervisor prior to starting work.

CPS Health Screener Form	
Name: _____	ID: _____
CPS Locations: _____	Email: _____
Date: _____	
Phone: _____	
<p><b>Question 1</b> In the last 24 hours have you experienced any of the following symptoms that that you cannot attribute to another health condition?</p> <ul style="list-style-type: none"> <li>● Fever (<math>\geq 100.4^{\circ}\text{F}</math>) or chills</li> <li>● Cough</li> <li>● Shortness of breath or difficulty breathing</li> <li>● Fatigue</li> <li>● Muscle or body aches</li> <li>● Headache</li> <li>● New loss of taste or smell</li> <li>● Sore throat</li> <li>● Congestion or runny nose</li> <li>● Nausea or vomiting</li> <li>● Diarrhea</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Question 2</b> Have you been in close contact with a person who has tested positive for COVID-19 in the past 14 days?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Question 3</b> Have you traveled outside of the state in the past 14 days?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Question 4</b> Have you tested positive for COVID-19 in the past 10 days?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Question 5</b> Are you waiting on the results of a COVID-19 test?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Please note:</b> If you are tested for COVID-19, you must stay home until you know the result of your test.</p> <ul style="list-style-type: none"> <li>● If your test is positive, please email <a href="mailto:TalentHealth@cps.edu">TalentHealth@cps.edu</a> as soon as possible to self-report results.</li> </ul>	
<p>By signing this document, I affirm that the answers I provided above are true and accurate.</p>	
<p>_____</p> <p>Signature</p>	<p>_____</p> <p>Date</p>
<ul style="list-style-type: none"> <li>● If "No" to all, you are allowed to enter the building.</li> <li>● If "Yes" to question 1, you must leave immediately and contact your primary care provider for next steps.</li> <li>● If "Yes" to question 2, you must leave immediately to complete the 14-day quarantine.</li> <li>● If "Yes" to question 3, you must review the following guidance:               <ul style="list-style-type: none"> <li>○ If you have traveled locations found below you must leave immediately to complete the 14-day quarantine.</li> <li>○ <a href="https://www.chicago.gov/city/en/sites/covid-19/home/emergency-travel-order.html">https://www.chicago.gov/city/en/sites/covid-19/home/emergency-travel-order.html</a></li> <li>○ Travelers coming from international locations are not covered by this Order and should follow <a href="#">Centers for Disease Control and Prevention guidelines</a>.</li> </ul> </li> <li>● If "Yes" to question 4, you must leave immediately until you have completed 10 days of isolation (that starts on the first day of your symptom) AND 24 hours since your last fever without the use of fever-reducing medications AND your other symptoms are improving.</li> <li>● If "Yes" to question 5, you must leave immediately to wait on your test results.</li> </ul>	

Temp Check:

- 100.3°F or less- then cleared to enter the building
- 100.4°F or greater- you must leave immediate and contact your primary care provider for next steps

Name of Reviewer: \_\_\_\_\_

Date & Time: \_\_\_\_\_