GARCES
MEMORIAL HIGH SCHOOL

661.327.2578 | 2800 Loma Linda Drive

Daily Health Screening

Part 1 - Mandatory to answer all of the following questions before entering the Garces Memorial campus and recommended to not return to your work site.

1. Within the last 10 days, have you been diagnosed with COVID-19 or had a test confirming you have the virus? **YES / NO**
2. Do you live in the same household with, or have had close contact (been within six feet for more than 10 minutes) with someone who has been in isolation for COVID-19 or had a test confirming they have the virus in the last 14 days? **YES / NO**

   If you answered YES to either answer, DO NOT go to work, follow the steps in PART 2 below.

3. Have you had any of the following symptoms today or within the past 24 hours which are new and not explained by another reason?
   - Cough
   - Fever, Chills or Repeated Shaking/Shivering
   - Muscle Pain
   - Sore Throat
   - Shortness of breath, difficulty breathing
   - Loss of Taste or Smell
   - Headache
   - Feeling unusually weak
   - Runny or congested nose
   - Diarrhea

   If you answered YES to either answer, DO NOT go to work, follow the steps in PART 2 below.

PART 2 - If you answered yes to Question 1 or 2:

- If you answered yes to Question 1 or 2: You are subject to local/state directives regarding COVID-19 protocols and is recommended to follow the isolation steps guidelines set by the CDC.
- **DO NOT** return to campus/work until the isolation or quarantine steps tell you it is safe to return!

Part 3 - If you answered yes to Question 3:

You may have COVID-19 and must be tested for the virus before returning to campus/work. Without a test, Garces Memorial must treat you as a being positive for COVID-19 and require you to stay off campus for at least 10 calendar days in order to return to work sooner and to protect those around you, testing for the virus is mandatory. *Please follow these steps.*

1. Contact your local healthcare provider about getting tested for the virus. If you do not have a local provider, please refer to the local health care officials for information on testing sites.
2. Please wait for your test results at home while minimizing exposure to those you live with.

- If your result is positive (confirming you have COVID-19), follow the steps in Part 2 and follow local isolation guidelines.
- If your result is negative, DO NO return to work until you have at least THREE days consecutively without a fever and your improvement to any of the other symptoms have been gone for a minimum of THREE days.

COVID-19 Screening Questionnaire

Please circle YES or NO for each of the following questions:

1.	Do you have a fever?	YES	NO
2.	Do you feel feverish?	YES	NO
3.	Do you have a cough?	YES	NO
4.	Are you experiencing shortness of breath?	YES	NO
5.	Are you experiencing difficulty breathing?	YES	NO
6.	Are you awaiting the results of COVID-19 test?	YES	NO
7.	Have you been informed of possible contact to COVID-19?	YES	NO
8.	Are you experiencing pain or pressure in your chest?	YES	NO
9.	Are you experiencing chills?	YES	NO
10.	Are you experiencing chills?	YES	NO
11.	Are you experiencing muscle pain?	YES	NO
12.	Are you experiencing a headache?	YES	NO
13.	Do you have a sore throat?	YES	NO
14.	Do you have a new loss of taste or smell?	YES	NO

PRINT NAME

SIGNATURE

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