Self- Report Of COVID-19 Symptoms - HR Reporting Form

Employee Name (print) : _____ ID#_____ Location: _____

Employee phone #'s: _____;_____ Email: _____

Employee Position: _____

Date of report: _____

Fully Vaccinated for COVID19 ☐No ☐ YES
1st Date _____ 2nd Date _____
Booster date:_____

Below is the full list of symptoms for which staff should monitor themselves.

Unvaccinated individuals and any close contacts presenting these symptoms should follow testing and quarantine response protocols below.
Vaccinated individuals who are not close contacts should follow the testing and quarantine response protocols if they are experiencing **symptoms in bold**. These individuals may also seek clinical guidance to assess the need for PCR testing if they have other symptoms on this list.

Symptomatic Complaint(s):

Fever >100.0^{F} (38^{C}) chills, or shaking chills ☐Yes ☐No **Shortness of breath or Difficulty breathing ☐Yes ☐No** **Muscle/body aches (myalgia) ☐Yes ☐No** **New loss of smell or taste ☐Yes ☐No**	Cough (*not due to other known cause, such as chronic cough*) ☐Yes ☐No Sore throat, *when in combination with other symptoms* ☐Yes ☐No Nausea, Diarrhea or vomiting, *when in combination with other symptoms* ☐Yes ☐No Headache, *when in combination with other symptoms* ☐Yes ☐No Fatigue, *when in combination with other symptoms* ☐Yes ☐No Nasal congestion or runny nose *(not due to other known causes, such as allergies) when in combination with other symptoms* ☐Yes ☐No

Reason for Report:

☐ Absent related to symptoms because of vaccination or booster. Date of absence_____

☐ Report of COVID-19 symptoms meeting above criteria
*Obtain a **PCR immediately**. Expectation is to obtain this PCR the day of this report and follow guideline below.
Date last in building/ at work: ___/___/_____.
Please note any known close contacts (for contact tracing) in box below case of positive PCR return:

Return to school post-symptoms with test Duration: Dependent on **symptom resolution** Return to School: Individuals may return to school after they: • Have received a **negative PCR test** result for COVID-19. *Note:* So long as the individual is not a close contact, if a medical professional makes an alternative diagnosis for the COVID-19-like symptoms, the individual may use this recommendation (e.g., for influenza or strep pharyngitis) in lieu of a PCR test. • Have improvement in symptoms • Have been without fever for at least 24 hours without the use of fever-reducing medications.	**Alternative protocol- choosing NOT to receive a COVID test OR COVID Positive** Duration: Isolation is at least **10 days from symptom onset** Return to School: After 10 days, **returning on day 11**, assuming: • Have improvement in symptoms • Have been without fever for at least 24 hours without the use of fever-reducing medication.

Submit the copy of the PCR results as soon as obtained to hrffcra@springfieldpublicschools.com . *May return to work according to above criteria

Employee Signature_____ Date_____

****Email this form to principal and HR hrffcra@springfieldpublicschools.com

(Updated 11-17-2021)