

GTACS Faculty/Staff COVID-19 Symptom Screening (non-electronic)

Complete this form daily and turn it into the building secretary.

If the answer to any of these questions is YES, do not go into school. Contact your building principal or supervisor to report your absence.

Are you exhibiting any of these symptoms?

Yes No

Fever, chills, shortness of breath, difficulty breathing, worsening cough, sore throat, diarrhea, nausea, vomiting, headache or loss of taste or smell

Is anyone in your household experiencing any of these symptoms?

Yes No

Fever, chills, shortness of breath, difficulty breathing, worsening cough, sore throat, diarrhea, nausea, vomiting, headache or loss of taste or smell

Have you been in close contact in the last 14 days with someone diagnosed with COVID-19?

Yes No

EMPLOYEE NAME _____

TODAY'S DATE _____

Staff COVID Symptom Screening Form.docx

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