Updated as of 9/28/2020

THE NUEVA SCHOOL

THE NUEVA SCHOOL HEALTH AND SAFETY PLAN HEALTH SCREENING QUESTIONNAIRE

Before coming to campus, **conduct your own temperature check and health screening DAILY using this Health Screening Questionnaire.** This form is available online on your home page and onsite. This questionnaire can be completed and acknowledged online before you arrive on campus or completed onsite online or physically. In addition, by coming to and being on campus, you agree to be subject to additional onsite screening for symptoms/illness at any time during your time on campus.

1. In the last 24 hours or currently, have you had or do you have a fever of 100.0F or greater?

YES/NO

- 2. In the last 24 hours or currently, have you had or do you have any of the following symptoms new or different from your usual state of health:
 - Cough (not related to known allergies/asthma)
 - Chills
 - Shortness of breath or difficulty breathing
 - Fatigue / feeling tired and/or feeling unwell
 - Sore throat
 - Muscle pain and/or body aches
 - Headache (not related to known diagnosis of migraine headaches)
 - New loss of smell and/or taste
 - Congestion and/or runny nose
 - Nausea, vomiting and/or diarrhea

YES/NO

YES/NO

- 3. In the last 24 hours, have you taken Tylenol/Advil or any similar medication to manage symptoms of fever or any condition described above different from your usual state of health?
- 4. In the last 14 days, have you or anyone in your household:
 - Been tested for COVID-19 for symptomatic, case contact, or any other high risk reason and are awaiting a test result? This is not meant to include asymptomatic surveillance testing for return to, or ongoing, on-site work / school as required by Nueva or any other employer of a household member.
 - Received a positive test result?
 - Had close contact with someone exposed to, hospitalized for, or confirmed to have COVID-19 or any other flu-like illness? YES/NO

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- 5. In the last 14 days, have you:
 - Traveled to a State Department, CDC, or CA state travel advisory location? For up-to-date information:
 - U.S. State Dept Travel Advisory Info

- CDC Travel Health Notices

- California Travel Notices
- Used shared / public transportation (including but not limited to planes, trains, buses, ferries / ships/boats, or other similar vehicles) where you could not and did not comply with the no gathering and distancing, masking, and hand hygiene guidelines recommended by the CDC, California, San Mateo county, and Nueva?
- Gathered (publicly or privately) where you could not and did not comply with the no gathering and recommended distancing, masking, and hand hygiene guidelines recommended by the CDC, California, San Mateo county, and Nueva?

NOTE: A documented negative COVID-19 viral PCR test taken at least 5 days after your return from travel or activity referenced above will enable return to work / school onsite immediately before expiration of otherwise required 14 day quarantine period and a NO answer to this question. YES/NO

If you answer YES to (or are unsure of) any of the above questions, please refrain from coming to / staying on campus until you can answer NO to all of these questions. Questions about the questionnaire may be directed to <u>nurse@nuevaschool.org</u>. This questionnaire must be completed every day you come to campus.

I have answered this questionnaire completely, accurately, and daily. I agree to comply with The Nueva School Health and Safety Plan and Return to School/Work Guidelines as part of my responsibility to protect the health and safety of myself and all the members of The Nueva School community.

Name of individual completing questionnaire (e.g. employee, student, or other):)
Name of individual completing form if differe from above (e.g. parent of minor student):	nt
Division / Department / Grade / Role:	Date / Time: