

Doss Consolidated Common School District
COVID-19 Self Screening Form for District Employees

Due to the COVID-19 pandemic, and in an attempt to minimize the spread of the virus, the District is required to screen all employees working at the District. In order to be granted access to District facilities to perform your work duties, all employees must self-screen for COVID-19 symptoms before coming onto campus each day. Employees are required to take their own temperature. Teachers and staff must report to the District if they themselves have COVID-19 symptoms or are lab-confirmed with COVID-19, and, if so, they must remain off campus until they meet the criteria for re-entry as noted below. Additionally, they must report to the District if they have had close contact with an individual who is lab-confirmed with COVID-19, as defined at the end of this document, and, if so, must remain at home until the quarantine period has passed. Employees are expected to take precautions to comply with District protocol and State and local orders related to COVID-19 to limit exposure to COVID-19. This form acknowledges that you understand and will comply with these requirements. By signing below, I, _____, hereby affirm that:

1. While on District property I will maintain a minimum of 6 feet of separation from any other individuals not within my household and wear a mask at all times.
2. I will take my temperature before coming to the District each day and confirm that I do not have a temperature over 100 degrees. I further attest that I will conduct a self-screen before reporting to duty and entering District property, to confirm that I do not have any of the known symptoms of COVID-19, in a way that is not normal for me, including:
 - Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit
 - Loss of taste or smell
 - Cough
 - Difficulty breathing or Shortness of breath
 - Fatigue
 - Headache
 - Chills or Sore throat
 - Congestion or runny nose
 - Shaking or exaggerated shivering
 - Significant muscle pain or ache
 - Diarrhea, Nausea or vomiting
 - Other symptoms that may be identified by TEA or the CDC
3. I also will confirm daily that in the past 14 days I have not been in close contact with any person who is lab-confirmed with COVID-19.

I also understand that it is recommended that I follow the minimum standard health protocols issued by the Texas Department of State Health Services and cited by the Texas Governor in his Executive Orders related to the pandemic. For clarity, close contact as defined by TEA is evolving and should be determined by an appropriate public health agency. In general, close contact is defined by TEA as:

- a) being directly exposed to infectious secretions (e.g., being coughed on); or
- b) being within 6 feet for a cumulative duration of 15 minutes; however, additional factors like case/contact masking (i.e., both the infectious individual and the potential close contact have been consistently and properly masked), ventilation, presence of dividers, and case symptomology may affect this determination.

Either (a) or (b) defines close contact if it occurred during the infectious period of the case, defined as two days prior to symptom onset to 10 days after symptom onset. In the case of asymptomatic individuals who are lab-confirmed with COVID-19, the infectious period is defined as two days prior to the confirming lab test and continuing for 10 days following the confirming lab test. Individuals are presumed infectious at least two days prior to symptom onset or, in the case of asymptomatic individuals who are lab-confirmed with COVID-19, two days prior to the confirming lab test.

By signing below, I am affirming that I will truthfully agree to self-screen on a daily basis prior to going onto District property and that if any of the answers to the questions outlined in 1, 2 and 3 above are in the affirmative/yes, that I will notify Pam Seipp at (830) 669-2411 or pseipp@doss.txd.net immediately as required by District procedures.

Printed Name

Signature

Date