



## COVID-19 SCREENING STAFF QUESTIONNAIRE

Staff Name \_\_\_\_\_ Date \_\_\_\_\_

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our staff and students, New Horizon School Westside is conducting a screening prior to staff's return to campus. Please answer the questions truthfully and accurately. The information you provide will be reviewed by the school Administration. All your responses will remain confidential

Please submit this questionnaire to [info@nhsw.org](mailto:info@nhsw.org) . Thank you for your time.

QUESTIONS	YES/NO	DETAILS
In the last 14 days have you experienced any of the following symptoms: fever, cough, chills, body aches, loss of taste, loss of smell, diarrhea, and vomiting? If yes, what were the symptoms, date start, and date resolved.		
In the last 14 days, have you or a member of your household been part of a gathering of people from more than 3 households?		
Have you tested for COVID19? If yes, provide the date and the result of the test.		
Have you or a member of your household been in close proximity (within 6 feet for more than 15 minutes) to any individual who tested positive for COVID-19, presumed positive, and/or, who is quarantining the last 14 days. If yes, please indicate the date of exposure.		
Have you or a member of your household traveled elsewhere in the U.S. in the last 14 days? If yes, what city, state and dates? Please indicate if travel was by car or airplane.		
Have you or a member of your household traveled outside of the country in the last 14 days? If yes, what city, country, and dates of travel?		

\*If there are changes to the answers to any of the questions after submission, please email the office at [info@nhsw.org](mailto:info@nhsw.org)