

JEFFERSON ISD COVID-19 SCREENING QUESTIONNAIRE
(FOR VISITORS)

The safety of our staff and students is an overriding priority at JISD. TEA has mandated that all districts implement DAILY screening procedures to help with preventing the spread of disease by reducing the potential risk of exposure. An answer of "YES" regarding ANY of these following questions dictates further mitigation procedures to be followed. Please respond to this screening document truthfully and to the best of your ability. Your participation is not only required, but it is important to help us take precautionary measures to protect you and our students/staff.

NAME: _____ DATE: _____

CONTACT #: _____

1. Have you or members of your household received a lab-confirmed, positive test result for the Covid-19 virus?
2. Within the past 14 days, have you or members of your household been in close contact with anyone who has tested positive for the Covid-19 virus?
3. Are you or members of your household exhibiting the following symptoms?

In evaluating whether an individual has symptoms consistent with COVID-19, consider the following question: Have they recently begun experiencing any of the following in a way that is not normal for them?

- **Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit**
- **Loss of taste or smell**
- **Cough**
- **Difficulty breathing**
- **Shortness of breath**
- **Fatigue**
- **Headache**
- **Chills**
- **Sore throat**
- **Congestion or runny nose**
- **Shaking or exaggerated shivering**
- **Significant muscle pain or ache**
- **Diarrhea, Nausea or vomiting**

REGARDING THE THREE QUESTIONS ABOVE, PLEASE CIRCLE ONE: YES NO

***If the answer is "YES" to any of the three questions above, please submit this form to a JISD staff member and then leave the campus/facility immediately. A JISD administrator should contact you for further information, as necessary. This form will be destroyed after this issue has been sufficiently resolved.

