

NAME: _____

DATE: _____



Entrance Questionnaire to Bishop O'Connell High School Buildings

During times of potential health risk or modified access, Bishop O'Connell High School must guard against the spread of illness. Students, faculty and staff should use the following questions as a guide to determine if they should come to the campus. Visitors should fill out and sign this form prior to being allowed in the building.

If the individual responds NO to all questions in the following table, they may enter.

If the individual responds YES to any questions in the following table, they may not enter*. It is recommended that the individual stays home until well. Students or staff who are absent or who are sent home with symptoms will require medical clearance prior to entering the campus. They should contact the school clinic for instructions.

Do you have any of the following symptoms NOW?

Symptom	No	Yes
Temperature of 100.0° F or greater sustained for several hours or days	<input type="checkbox"/>	<input type="checkbox"/>
Sustained temperature of 100.0° F or lower with additional symptoms below	<input type="checkbox"/>	<input type="checkbox"/>
Cough (new issue; more than just occasional or asthma related)	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath (new issue, not a diagnosed medical issue)	<input type="checkbox"/>	<input type="checkbox"/>
Not feeling well; shaking/chills; feeling feverish; fatigue	<input type="checkbox"/>	<input type="checkbox"/>
Headache (not just occasional; if accompanied with other symptoms no entry should be considered)	<input type="checkbox"/>	<input type="checkbox"/>
Muscle pain all over body (new issue, not a diagnosed medical issue)	<input type="checkbox"/>	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>	<input type="checkbox"/>
Nausea, vomiting, diarrhea (3 or more watery stools in the last 24 hours)	<input type="checkbox"/>	<input type="checkbox"/>
Loss of taste or smell	<input type="checkbox"/>	<input type="checkbox"/>
The individual has had close contact with COVID-19 positive (OR suspected positive but not tested) individual in the last 10 days.	<input type="checkbox"/>	<input type="checkbox"/> *

*If the individual answers YES to the above question, they must call the school nurse at (703) 237-1443 for next steps and initial indicating they have received and understand the health mitigation protocols: _____

REMINDERS:

1. You are required to wear a face mask while in the building and meeting with other people.
2. Practice social distancing, use hand sanitizer, and wash hands frequently.
3. Follow all signs and directions.