



# Climax-Scotts Community Schools

Where Students Are More Than A Test Score!

## Daily Health Screening

Name \_\_\_\_\_ Phone \_\_\_\_\_

Location \_\_\_\_\_ Date \_\_\_\_\_



Please circle your answers below or Go to To <http://bit.ly/CSHealthScreen> or use your iPhone camera to scan or Android phones download QR reader from Play store.

Have you or someone in your household had any new or unreported contacts with an individual confirmed to have COVID-19 or an individual in a quarantine due to possible exposure?	Yes	No	
Do you currently have a cough, sore throat, or runny nose?	Yes	No	
<i>If yes, is this ongoing, worsening, or fresh onset of symptoms?</i>	Ongoing (previously reported)	Worsening (Previously Reported)	Fresh onset of symptoms (Not previously reported)
Are you currently experiencing shortness of breath or difficulty breathing?	Yes	No	
Do you currently have a temperature of 100.4 or greater?	Yes	No	

<p><b>If you answered yes to any question above:</b></p> <p>Call supervisor immediately.          *If you have a fever (100.4 degrees or higher), you must be fever free for 3 days before returning to work. If you have been experiencing respiratory symptoms, you will also need to wait to return to work until your symptoms have subsided.</p> <p>Please call Primary Care Physician.</p> <p>Please write your supervisor's name:</p>	<p><b>If you answered no to all of the questions above:</b></p> <p>No work restrictions at this time, but please call your supervisor if you begin having any symptoms.</p> <p>Please write your supervisor's name:</p>
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**\*Please scan the completed form and email to [doug.newington@csschools.net](mailto:doug.newington@csschools.net)\***

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