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### COVID-19 Screening Questionnaire (Faculty & Staff)

In an effort to provide the safest possible environment, faculty and staff are required to self-check for symptoms of COVID-19 prior to leaving home each morning.

Screening Questions:	Yes	No
Have you or anyone in the home tested positive or suspected of having COVID-19 in the last 14 days?		
Have you or anyone in your household had ANY of these symptoms in the last 14 days? <ul style="list-style-type: none"> <li>• Fever at or greater than 100 degrees Fahrenheit</li> <li>• Cough</li> <li>• Shortness of breath or difficulty breathing for unknown reasons</li> <li>• Diarrhea</li> <li>• Chills</li> <li>• Repeated shaking with chills</li> <li>• Muscle pain</li> <li>• Headache</li> <li>• Sore throat</li> <li>• New loss of taste or smell</li> </ul>		
Have you or anyone in your household traveled in the U.S. in the past 21 days? Outside of Pennsylvania?  Additional COVID-19 Information for Travelers can be found at: <a href="https://www.health.pa.gov/topics/disease/coronavirus/Pages/Travelers.aspx">https://www.health.pa.gov/topics/disease/coronavirus/Pages/Travelers.aspx</a>		
Has anyone in the home had contact within the last 14 days with someone with or under investigation for COVID-19?		
<b>Faculty/staff</b> - If responding 'yes' to any of the above questions, contact the building administrator immediately or report to the nurse for further medical evaluation.		
Comments:		