

RITE OF PASSAGE

IMPROVING THE LIVES OF YOUTH

COVID-19 Staff Screening Tool

Print Name: _____

Date: _____

Please answer the following questions prior to reporting to your assigned work area.

	YES	NO
Have you experienced any COVID symptoms within the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had close contact (inside of 6 ft for 15 minutes or more) with anyone who has lab confirmed Coronavirus within 14 days of symptom onset?	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently work outside of ROP? If yes, where: _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you traveled out of State to a non-ROP campus within the past 14 days? If yes, where: _____	<input type="checkbox"/>	<input type="checkbox"/>

Employee Signature: _____

If you responded "YES" to any of the above questions, please inform a Supervisor BEFORE reporting to your assigned work area, the Supervisor shall then complete the information below.

Supervisor's Response: Cleared for Work Directed to Report to Employee Services/Sent Home

Supervisor's Signature: _____ **Date:** _____

FOR WEEKLY USE: Please Initial Daily If There Are No Changes to Your Initial Responses

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____

Record temperature readings for each day worked.

Arrival temperatures are to be taken prior to the employee entering into their work area.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
_____ °F Arrive	_____ °F Arrive	_____ °F Arrive	_____ °F Arrive	_____ °F Arrive	_____ °F Arrive	_____ °F Arrive