CHAUTAUQUA LAKE CENTRAL SCHOOL COVID-19 SCREENING - STAFF/VISITOR

Name (please print) : _____   **Date**: VOLLEYBALL Playoff game 10/29/21

Address: _____   **Cell Phone:** _____
(Not needed for CLCS Staff)

Which team? Home or Away _____

Do you have a temperature of **100℉ or higher** or are you experiencing any of the following symptoms? - cough - shortness of breath or trouble breathing - chills, muscle or body aches - severe headache - sudden onset of loss of taste or smell - sore throat - congestion or runny nose - nausea/vomiting or diarrhea *Check "No" if the nature of the symptom (duration, intensity, etc.) is consistent with a pre-existing condition of which you are already aware that is not new, worsening, or different from its usual presentation. (i.e., seasonal allergies, asthma, migraine headaches, inflammatory bowel disease, Crohn's Disease, Lactose Intolerance, Irritable Bowel Disease)*	☐ **Yes** ☐ **No**
Have you… - knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive through a diagnostic test for COVID-19; - tested positive through a diagnostic test for COVID-19 in the past 14 days?	☐ **Yes** ☐ **No**

Updated 08/26/21

Signature: _____

*If you answer yes to any question above, please do not enter the school building. This screening tool is offered for informational purposes to help you check for COVID-19 symptoms as outlined by the NYS Department of Health. If you've answered yes to any of the screening questions, please contact your health professional and do not enter school building(s). This is not a substitute for professional medical advice, diagnosis, or treatment of disease or other conditions, including COVID-19. Always consult a medical professional for serious symptoms or call 911 for emergencies. If you have questions contact our Chautauqua Lake CSD Health Office at (716) 753-5819.