

## **BNS Daily Health Screening "Ticket" - ADULTS**

*Required to work in/around BNS each day*

Date: \_\_\_\_\_ Name: \_\_\_\_\_ School Role: \_\_\_\_\_

**Today's temperature:** \_\_\_\_\_

**In the last 24 hours, have you or any member of your household/immediate caregiving circle\* had any of the following:**

- A fever (100.4°F or higher)?
- Any of the following that cannot be attributed to another health condition? -- A new cough; New shortness of breath or difficulty breathing; New chills or sudden feelings of cold with shivering accompanied by a rise in temperature; A new sore throat; New muscle aches (not related to recent physical exercise or activity)?
- New olfactory (smell) or taste changes, including loss of taste or smell?
- Have you taken an agent such as acetaminophen (Tylenol) or ibuprofen (Advil) to reduce fever or suspected fever?

***If the answers are "YES" to any of the screening questions before arriving, then you and all members of the household should stay home in accordance with the [school illness absence policy](#).***

By signing this form and coming to school to fulfill my duties, I confirm that I took my temperature today and answered "NO" to all of the symptom questions above.

**Signature:** \_\_\_\_\_

\*If symptoms are observed for others in the household it is possible transmission has occurred to others in the household. Due to the fact that people are contagious 2-3 days before developing symptoms, or may only develop mild symptoms that are unnoticed we request that families not send one well child if others are ill at home. Parents of sick children should not report to BNS for TRO or other activities.

Updated 8/7/20

## **BNS Daily Health Screening "Ticket" - ADULTS**

*Required to work in/around BNS each day*

Date: \_\_\_\_\_ Name: \_\_\_\_\_ School Role: \_\_\_\_\_

**Today's temperature:** \_\_\_\_\_

**In the last 24 hours, have you or any member of your household/immediate caregiving circle\* had any of the following:**

- A fever (100.4°F or higher)?
- Any of the following that cannot be attributed to another health condition? -- A new cough; New shortness of breath or difficulty breathing; New chills or sudden feelings of cold with shivering accompanied by a rise in temperature; A new sore throat; New muscle aches (not related to recent physical exercise or activity)?
- New olfactory (smell) or taste changes, including loss of taste or smell?
- Have you taken an agent such as acetaminophen (Tylenol) or ibuprofen (Advil) to reduce fever or suspected fever?

***If the answers are "YES" to any of the screening questions before arriving, then you and all members of the household should stay home in accordance with the [school illness absence policy](#).***

By signing this form and coming to school to fulfill my duties, I confirm that I took my temperature today and answered "NO" to all of the symptom questions above.

**Signature:** \_\_\_\_\_

\*If symptoms are observed for others in the household it is possible transmission has occurred to others in the household. Due to the fact that people are contagious 2-3 days before developing symptoms, or may only develop mild symptoms that are unnoticed we request that families not send one well child if others are ill at home. Parents of sick children should not report to BNS for TRO or other activities.

Updated 8/7/20