



# Baylor School Health Center

## COVID-19 QUESTIONNAIRE

The safety of our employees, students, families and visitors remain Baylor's overriding priority. As the coronavirus and COVID-19 continue to evolve, Baylor School and all of its partners are continuing to work closely together to monitor situations and stay up to date on current recommendations from national resources. To do our part in the community to slow the spread of COVID-19 and to reduce the potential risk of exposure to our workforce and visitors, we are requiring you to complete this simple screening questionnaire. Your participation to help us take precautionary measures to protect you and everyone on campus. Thank you for your time. Please notify the Health Center at [infirmary@baylorsschool.org](mailto:infirmary@baylorsschool.org) if your answer to these questions changes at any time.

NAME:	BEST PHONE #
<input type="checkbox"/> EMPLOYEE <input type="checkbox"/> STUDENT <input type="checkbox"/> VISITOR <input type="checkbox"/> VENDOR	TEMP:

<b>SELF-DECLARATION RESPONSES</b>
<p>1. Have you or anyone in your household come into close contact (within 6 feet) with someone who has a laboratory confirmed COVID-19 diagnosis in the past 14 days?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," who has come into close contact with someone with a COVID-19 diagnosis?</p>
<p>2. Have you or anyone in your household experienced any of the following during the last 48 hours?</p> <ul style="list-style-type: none"> <li>• fever or chills</li> <li>• cough</li> <li>• body aches</li> <li>• shortness of breath or difficulty breathing</li> <li>• new loss of taste or smell</li> <li>• diarrhea</li> </ul> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "YES," which symptoms did you experience?</p>
<p>3. Have you or anyone in your household traveled in the past 14 days to/from regions that currently have stay-in-place orders?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "YES," where?</p>
<b>If you have answered "YES" to any questions, your access will be denied at this time.</b>

Any questions should be directed to: [infirmary@baylorsschool.org](mailto:infirmary@baylorsschool.org).

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FOR OFFICIAL USE ONLY

ACCESS TO CAMPUS:  APPROVED  DENIED