

Employee COVID-19 Self-Certification and Verification Form (Updated 10/23/2020)

In response to the COVID-19 pandemic and in order to ensure a safe and healthy environment for our school community, Joint Guidance from the Illinois State Board of Education and the Illinois Department of Public Health requires that every employee undergo a daily symptom screening prior to utilizing School District transportation (i.e., bus drivers, bus aides/monitors, etc.) or entering any School District building. Employees will conduct this daily symptom screening on each day prior to their arrival for work and report consistent with the parameters outlined below, until otherwise notified by the District in writing. This form must be completed and returned by August 10, 2020.

Employee Name: _____ Date: _____

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Certification and Verification of Daily Symptom Screening: I will conduct a daily symptom screening of myself to determine if I have any of the following COVID-19 symptoms:

- Fever (100.4 or higher);
- New cough;
- Shortness of breath;
- Fatigue from unknown cause;
- Muscle or body aches;
- New onset of moderate to severe headache;
- Sore throat;
- New loss of taste or smell;
- Nausea;
- New congestion/runny nose;
- Vomiting;
- Diarrhea;
- Abdominal pain from unknown cause; or;
- Any other COVID-19 symptoms.

According to the IDPH, the reference to "new" means, new onset of a symptom not attributed to allergies or a pre-existing condition.

By reporting to work on any given day, I am certifying and verifying that I am not experiencing any COVID-19 symptoms or, that if I am experiencing symptoms associated with COVID-19, the symptoms are not new or unusual for me. If I experience any of the above symptoms at any time during my work day, which are new or unusual for me, I will immediately notify my building principal, isolate myself away from other employees and students pending further direction from the District, and provide necessary information as requested.

[In order to permit you to enter school district buildings or school district transportation, the District [may/will] require you to provide a note from your health care provider or a written statement from you about any allergies or pre-existing condition(s) which causes you to experience symptoms that are associated with COVID-19.]

If my daily symptom screening reveals that I am experiencing any COVID-19 symptoms which are new for me, I will notify the District in writing of my absence and the symptoms I am experiencing by sending an email to my building principal, and provide necessary information as requested.

[If I am experiencing COVID-19 symptoms which are new for me and I have not been in close contact (definition below) with an individual who tested positive for COVID-19 or is suspected of having COVID-19, in accordance with IDPH guidance, I understand that before I can return to work the District may require a written statement from my health care provider about any alternative diagnosis which causes me to experience symptoms associated with COVID-19, and which states that there is no clinical suspicion for COVID-19 infection, and/or require submission of a negative PT-PCR COVID-19 test result or healthcare provider's note indicating the negative test result.]

Certification and Verification of Other COVID-19 Related Exposures: I will notify the District that I will be absent pending further direction from the District if: (1) I receive a diagnosis of COVID-19; (2) I am suspected of having COVID-19 or I am awaiting COVID-19 test results; (3) I come in close contact (definition below) with an individual who tested positive for COVID-19 or is suspected of having COVID-19; or (4) I have traveled internationally. If District staff contacts me to gather additional information related to the reason(s) for my absence, I will provide necessary information as requested.

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Certification and Verification of Other COVID-19 Related Exposures: I will notify the District that I will be absent pending further direction from the District if: (1) I receive a diagnosis of COVID-19; (2) I am suspected of having COVID-19 or I am awaiting COVID-19 test results; (3) I come in close contact (definition below) with an individual who tested positive for COVID-19 or is suspected of having COVID-19; or (4) I have traveled internationally. If District staff contacts me to gather additional information related to the reason(s) for my absence, I will provide necessary information as requested.

By reporting to work on any given day, I am certifying and verifying that I am not presently subject to an isolation or quarantine protocol related to COVID-19.

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Employee Signature

Date

Employee COVID-19 Self-Certification and Verification Form (Updated 10/23/2020)

In response to the COVID-19 pandemic and in order to ensure a safe and healthy environment for our school community, Joint Guidance from the Illinois State Board of Education and the Illinois Department of Public Health requires that every employee undergo a daily symptom screening prior to utilizing School District transportation (i.e., bus drivers, bus aides/monitors, etc.) or entering any School District building. Employees will conduct this daily symptom screening on each day prior to their arrival for work and report consistent with the parameters outlined below, until otherwise notified by the District in writing. This form must be completed and returned by August 10, 2020.

Employee Name: _____ Date: _____

Position: _____

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- Fever (100.4 or higher);
- New cough;
- Shortness of breath;
- Fatigue from unknown cause;
- Muscle or body aches;
- New onset of moderate to severe headache;
- Sore throat;
- New loss of taste or smell;
- Nausea;
- New congestion/runny nose;
- Vomiting;
- Diarrhea;
- Abdominal pain from unknown cause; or;
- Any other COVID-19 symptoms.

According to the IDPH, the reference to "new" means, new onset of a symptom not attributed to allergies or a pre-existing condition.

By reporting to work on any given day, I am certifying and verifying that I am not experiencing any COVID-19 symptoms or, that if I am experiencing symptoms associated with COVID-19, the symptoms are not new or unusual for me. If I experience any of the above symptoms at any time during my work day, which are new or unusual for me, I will immediately notify my building principal, isolate myself away from other employees and students pending further direction from the District, and provide necessary information as requested.

[In order to permit you to enter school district buildings or school district transportation, the District [may/will] require you to provide a note from your health care provider or a written statement from you about any allergies or pre-existing condition(s) which causes you to experience symptoms that are associated with COVID-19.]

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