Adult & Continuing Education Center
at York County School of Technology
Education That Pays

Name: ____ **Date:** ___________________

Screening Methods	Screening Results
Are you experiencing a Temperature	❒ Below 100.4 ❒ Above 100.4
Are you experiencing a	**Yes** **No** ❒ ❒ Cough ❒ ❒ Short of Breath/Difficulty Breathing
Are you experiencing 2 or > of these symptoms?	**Yes** **No** ❒ ❒ Fever ❒ ❒ Chills ❒ ❒ Repeated shaking with chills ❒ ❒ Muscle pain ❒ ❒ Headache ❒ ❒ Sore Throat ❒ ❒ New loss of taste or smell ❒ ❒ Other ________________
Have you been tested + for COVID-19? **Have you been exposed to anyone who has been tested + for COVID-19 within the last 14 days?**	**Yes** **No** ❒ ❒ Date __________________________ ❒ ❒ Date __________________________
Have you traveled outside of PA or to a region within PA that is considered a Red Zone?	**Yes** **No** ❒ ❒ Date of Return ___________________
Disposition	❒ Entrance into Classroom/Lab/Clinical ❒ Referred to Healthcare Provider ❒ Other ______________________________

If any symptoms are noted

- Stay home
- Notify your Instructor that you will be absent from classroom/lab/clinical.
- Follow https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html

Anyone traveling outside of PA or to a Red Zone will need to be quarantined for 14 days prior to classroom/lab/clinical re-entry.

If symptoms begin during clinical day, don respirator/facemask if not already wearing, notify preceptor, clinical faculty member, and return home follow CDC guidance above.

If you test Positive for COVID-19:

- Regardless of symptoms, you must refrain from clinical/lab education activities and follow individual institution policies for return to clinical care which may include additional testing (see CDC guidance for interim guidance, https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html).
- Notify your clinical faculty member and preceptor.

To the best of my knowledge, I have answered the above screening questions truthfully and honestly. I understand to participate in lab/sim/clinical activities I must comply with the policies and procedures put forth during the COVID-19 pandemic.

Student Signature: ____ Date: ________________________

Faculty Signature: ____ Date: ________________________