

University School of Milwaukee - Screening Tool 1

DO NOT COME TO THE SCHOOL IF:

You have a temperature of 100.0 or more.

Have been exposed within the past 14 days to someone diagnosed with COVID-19.

Have been exposed within the past 14 days to someone with COVID-19 symptoms.

Have symptoms of COVID-19 yourself.

IF you are not sure whether to come to campus, please call the nursing clinic 414-540-3120 or 414-540-3123.

Please complete the following questions for the daily coronavirus screening before coming on campus or entering the school.

Date: _____ **Time:** _____

Name (First & Last): _____

Email: _____

Employee Dept if relevant: _____ **Student:** _____ **Visitor:** _____

Have you had a new onset of any of the following symptoms in the last 14 days:

Cough Yes _____ No _____

Shortness of Breath Yes _____ No _____

Difficulty Breathing Yes _____ No _____

Shaking / Chills Yes _____ No _____

Muscle Pain Yes _____ No _____

Headache Yes _____ No _____

Sore Throat Yes _____ No _____

New Loss of Smell Yes _____ No _____

New loss of Taste Yes _____ No _____

Diarrhea Yes _____ No _____

Feeling Feverish / Temp over 100 Yes _____ No _____

Had close contact with someone who tested positive for COVID-19 in the last 14 days? Yes _____ No _____

Recorded Screening Temperature: _____ F Forehead _____ Oral _____ Other _____

Please sanitize your hands prior to entering the facility, maintain a social distance of 6 feet and wear a face covering.

Thank you and Welcome to USM!

Created 05/30/2020