



## NOTIFICATION OF HEALTH SCREENING REQUIREMENT FOR VISITORS

Dear Visitor,

To prevent COVID-positive individuals from entering our campuses, Alvord ISD requires all visitors to respond to a set of screening questions. The questions are indicated below. Please submit this form to the office staff upon completion. If you pass this screening, we will not retain this information. If you do not pass this screening, we will retain this information only until you meet the criteria to return to campus, including allowing the potential infectious period to pass.

### Have you experienced any of the following symptoms that indicate a possible COVID-19 infection?

- Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit
- Loss of taste or smell
- Cough
- Difficulty breathing
- Shortness of breath
- Fatigue
- Headache
- Chills
- Sore throat
- Congestion or runny nose
- Shaking or exaggerated shivering
- Significant muscle pain or ache
- Diarrhea
- Nausea or vomiting

**Please answer YES or NO.**

### 2. Have you had close contact with any individual who is lab-confirmed with COVID-19 in the last 14 days?

*Close contact is defined as:*

- Being directly exposed to infectious secretions (e.g., being coughed on); or
- Being within 6 feet for a cumulative duration of 15 minutes;

If either occurred at any time in the last 14 days at the same time the infected individual was infectious.

**Please answer YES or NO.**

#### a. Notification of Failed Screening

*The notification below could be adapted to serve as a popup, flier, email or other method of notification. This information could also be shared with visitors, though it may not be relevant to them in some cases.*

## NOTIFICATION OF FAILED HEALTH SCREENING

Based on the information disclosed in response to the COVID-19 Screening, you have not passed the campus screening and may not be admitted onto any Alvord ISD facilities at this time, including this campus.

We look forward to welcoming you back to Alvord Middle School once you have completed one of the following methods of ensuring you no longer present a risk to our campus community:

**If you are experiencing COVID-19 symptoms in a way that is not normal for you:**

**1) Option One:**

You may return to a Alvord ISD campus once all three of the following criteria are met:

- a) at least one day (24 hours) has passed since recovery (resolution of fever without the use of fever-reducing medications)
- b) the individual has improvement in symptoms (e.g., cough, shortness of breath); and
- c) at least ten days have passed since symptoms first appeared.

Please note that, under this option, the soonest you may return to campus is [DATE 10 days from DATE OF ISSUANCE].

**2) Option Two:**

Obtain a medical professional's note clearing the you for return based on an alternative diagnosis.

**3) Option Three:**

Obtain an acute infection test at an approved testing location (<https://tdem.texas.gov/covid-19/>) that comes back negative for COVID-19

**If you were in close contact with an individual who is lab-confirmed to have COVID-19:**

§ 14 days have passed since the last close contact with the lab-confirmed individual.

Please note that, under this option, the soonest you may return to campus is [DATE 14 days from RELEVANT START DATE OF 14-DAY PERIOD].

Upon your return to campus, you will be re-screened, and verification of the completion of one of the options above will be required.

Sincerely,

Dr. Randy Brown

Alvord ISD Superintendent

Visitor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_