

Chesapeake College Screening Form

Name: _____ Date: _____

Employee/Student Location: _____

The purpose of the student/employee screening is to minimize the chance of exposure to illnesses while on campus during disease outbreaks.

The illness exposure risk determination is based upon a numerical determination of common signs and symptoms of respiratory illness.

Student/Employee Illness Screening:

Please check the value in the middle column for each sign and symptom the student/employee has. Provide any additional information or comments. (If any)

Illness Sign / Symptom	Value	Comments
Fever ($\geq 100.4^{\circ}\text{F}$ / 38°C) and/or Chills	6	
Difficulty Breathing / Shortness of Breath	6	
Cough (persistent)	5	
Sudden recent loss of smell or taste	3	
Congestion	2	
Body Aches	2	
Stress that is interfering with daily activities	1	
Sore throat	1	
Headache	1	
Shaking chills	1	
Exposure Risk Score (Total Sum of All Checked Values)		Enter "0" if there are no values checked

Exposure Risk Score	Refer to College Policy
High Risk (15-20)	Student/Employee <i>should not report to work / be sent home; CALL their PCP; monitor their temperature; avoid contact with others; stay home; not to go out until cleared by a physician.</i> *Refer to section XIII of policy
Medium (6-14)	Student/Employee <i>should not report to work / be sent home; CALL their PCP; monitor their temperature; avoid contact with others; stay home; not to go out until cleared by a physician.</i> *Refer to section XIII of policy
Low (1-5)	<p>If any answer to these questions are checked, consider sending home</p> <ul style="list-style-type: none"> • Have you been vaccinated against the flu? NO ___ • Did you start getting sick in the last week? YES ___ • Have you been in close contact with anyone with COVID-19 or a <i>flu-like-illness</i>? YES ___ <p>*Refer to section III of policy</p>
No Risk (0)	Student/Employee may work or participate in educational activities