



## LISD VISITOR SCREENER FOR COVID-19

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The district is required to screen all visitors to determine if they have COVID-19 symptoms, are lab-confirmed with COVID-19, or have had close contact with an individual who is lab-confirmed with COVID-19. Screening questions may be supplemented with temperature check of adults.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Temperature: \_\_\_\_\_

Yes	No	
		Are you lab-confirmed with COVID-19?
		In the past 14 days, have you had close contact with an individual who is lab-confirmed with COVID-19?
		Have you recently begun experiencing <b>any</b> of the following in a way that is not normal for you?
		<ul style="list-style-type: none"><li>• Feeling feverish or a measured temperature greater than or equal to 100°F</li><li>• Loss of taste or smell</li><li>• Cough</li><li>• Difficulty breathing</li><li>• Shortness of breath</li><li>• Headache</li><li>• Fatigue</li><li>• Chills</li><li>• Shaking or exaggerated shivering</li><li>• Significant muscle or body aches</li><li>• Sore throat</li><li>• Congestion or runny nose</li><li>• Diarrhea</li><li>• Nausea or vomiting</li></ul>

**If you answered yes to any of the above:**

- You must remain off LISD campuses until cleared to return
- Contact the Deputy Superintendent for more information

**Reminders to follow if you are cleared to return:**

- Wear a mask or face covering
- Wash your hands or use hand sanitizer regularly
- Practice social distancing of at least 6 feet

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*This form must remain confidential. Any form with a yes response will be destroyed once response is addressed.*