**Gateway To Knowledge Learning Center**

**Daily Employee Health Screen Agreement**

As an employee of, Gateway To Knowledge Learning Center (GTK), your health and safety are very important to all of us here, including the management, staff, children, and families. In an effort to prevent the spread of COVID-19, please review the below health screening questions each day upon arrival to the program. The completed, signed and dated screening should be given to your direct supervisor.

\_\_\_\_\_ I do not currently have, nor have I had a temperature over 100 degrees in the past 48 hours.

\_\_\_\_\_ I do not currently have, nor have I had other potential symptoms of COVID-19, such as shortness of breath or persistent dry cough in the past 48 hours,

\_\_\_\_\_ I have not taken medications to lower my temperature.

\_\_\_\_\_ There is no one in my household who has COVID-19.

\_\_\_\_\_ I have limited the number of people I come into contact with and am abiding by “Safer at Home” to prevent the spread of COVID-19.

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Only:

\_\_\_\_\_ This staff person has been approved to continue working

\_\_\_\_\_ This staff person has been asked to return home until they are symptom and fever free for at least 72 hours.

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_