

Little Champs Academy
Daily Employee Health Screen Agreement Template

As an employee of **Little Champs Academy** , 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: _____