

Instructions: Please complete this form and return it to your administrator or supervisor prior to starting work.



**CPS Health Screener Form 芝加哥公立學校檢查表格**

姓名 Name: \_\_\_\_\_ 雇員編號 Employee ID: \_\_\_\_\_ 日期 Date: \_\_\_\_\_

CPS Locations: **Haines School 興氏學校** Email 電郵: \_\_\_\_\_ Phone 電話: \_\_\_\_\_

**Question 1 問題 1**

In the last 24 hours have you experienced any of the following symptoms that that you cannot attribute to another health condition?

在過去的 24 小時內，您是否遇到以下以下症狀，您無法歸因於另一種健康狀況？

- Fever (≥100.4°F) or chills 發燒 (≥100.4\* F) 或發冷
- Cough 咳嗽
- Shortness of breath or difficulty breathing 呼吸急促或呼吸困難
- Fatigue 疲勞
- Muscle or body aches 肌肉或身體酸痛
- Headache 頭痛
- New loss of taste or smell 失去新的味道或氣味
- Sore throat 喉嚨痛
- Congestion or runny nose 淤血或流鼻涕
- Nausea or vomiting 噁心或嘔吐
- Diarrhea 腹瀉

- Yes 有
- No 沒有

**Question 2 問題 2**

Have you been in close contact with a person who has tested positive for COVID-19 in the past 14 days?

您是否與過去 14 天內檢測到 COVID-19 陽性的人保持密切聯繫？

- Yes 有
- No 沒有

**Question 3 問題 3**

Have you traveled internationally in the past 14 days? 在過去的 14 天內，您是否曾出外旅遊行？

- Yes 有
- No 沒有

**Question 4 問題 4**

Have you traveled to any of the states on the CDPH travel order in the past 14 days?

If you qualify as an exception under the CDPH travel order, please select "No"

在過去的 14 天內，您是否有去過有疫情禁令的州遊行？如果你已經取得禁令豁免，請答沒有

- Yes 有
- No 沒有

**Question 5 問題 5**

Are you waiting on the results of a COVID-19 test? 您是否在等待 COVID-19 測試的結果？

- Yes 有
- No 沒有

**Question 6 問題 6**

Have you tested positive for COVID-19 in the past 10 days?

在過去 10 天內，您是否有 COVID-19 病毒測試陽性的結果？

- Yes 有
- No 沒有

**Please note:** If you are tested for COVID-19, you must stay home until you know the result of your test.

- If your test is positive, please email [TalentHealth@cps.edu](mailto:TalentHealth@cps.edu) as soon as possible to self-report results.

請注意：如果您已通過 COVID-19 測試，則必須待在家裡，直到您知道測試結果。

- 如果您的測試呈陽性，請盡快通過電子郵件發送給 [TalentHealth@cps.edu](mailto:TalentHealth@cps.edu) 以自我報告結果。

By signing this document, I affirm that the answers I provided above are true and accurate. 通過簽署本文檔，我確認我以上提供的答案是真實準確的。

Signature 簽名

Date 日期

- If "No" to all, you are allowed to enter the building.
- If "Yes" to question 1, you must leave immediately and contact your primary care provider for next steps.
- If "Yes" to question 2, you must leave immediately to complete the 14-day quarantine.
- If "Yes" to question 3, you must review the following guidance:
  - If you have traveled to the below locations you must leave immediately to complete the 14-day quarantine.
  - At the direction of CDPH travelers from the following states, are directed to quarantine upon arrival in Chicago: Alabama, Arkansas, California, Florida, Georgia, Idaho, Iowa, Kansas, Louisiana, Mississippi, Missouri, Nevada, North Dakota, Oklahoma, Puerto Rico, South Carolina, South Dakota, Tennessee, and Texas.
  - Travelers coming from international locations are not covered by this Order and should follow [Centers for Disease Control and Prevention guidelines](#).
- If "Yes" to question 4, you must leave immediately to complete at least 10 days your first symptom AND 24 hours since your last fever without the use of fever-reducing medications AND your other symptoms are improving.
- If "Yes" to question 5, you must leave immediately to wait on your test results.