

ACPS FACILITIES COVID-19 SCREENING for Employees & Visitors

PLEASE READ EACH QUESTION CAREFULLY AND SELECT THE ANSWER THAT APPLIES TO YOU.

1.	In the past 48 hours, have you experienced any of the following symptoms:			
	 fever (100°F or higher) or chills cough shortness of breath or difficulty breathing fatigue muscle or body aches 	 headache new loss of taste or smell sore throat congestion or runny nose nausea or vomiting diarrhea 	YES	NO
2.	Are you isolating because you tested positive for COVID-19, or are you worried that you may be sick with COVID-19?		YES	NO

If you are **fully vaccinated** (or if you have recovered from a documented COVID-19 infection in the last 90 days) and you answered **NO** to Questions 1 and 2, you may **STOP HERE**.

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In general, people are considered fully vaccinated:

- 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines; or
- 2 weeks after a single-dose vaccine, such as the Johnson & Johnson vaccine.

3. In the last 14 days, have you been in close contact with anyone who has COVID-19?

IF YOU ARE NOT FULLY VACCINATED, PLEASE CONTINUE TO ANSWER THE FOLLOWING QUESTIONS.

	(Close contact means within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period.)		NO
4.	Are you currently waiting on the results of a COVID-19 test? (You may answer NO if you are waiting on the results of a COVID-19 test for travel purposes, college admissions, or a medical procedure unrelated to COVID-19.)	YES	NO

Did you answer NO to ALL QUESTIONS?

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Access to ACPS facilities NOT APPROVED.

Thank you for helping us protect you and others during this time.

Employees: Please stay home and notify your supervisor.