

Paramus Catholic High School

Building Entry Form

I, \_\_\_\_\_, upon entry to Paramus Catholic High School understand that I shall follow safety protocols in reference to COVID-19 State Guidelines. I agree to fill out and submit the following questions to be considered for entry into Paramus Catholic High School.

I agree to have my temperature taken for entry into the Paramus Catholic High School Building

Temperature Reading: \_\_\_\_\_ Fahrenheit

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

Please provide a phone contact in the event contact tracing is required \_\_\_\_\_

- |  |     |    |
|--|-----|----|
| 1. Are you experiencing any of the following symptoms:   | YES | NO |
| • Fever  |     |    |
| • Cough or Shortness of Breath   |     |    |
| • Sore Throat  |     |    |
| • Chills   |     |    |
| • Muscle Aches   |     |    |
| • Headache   |     |    |
| • New Loss of Taste or Smell   |     |    |
| • Abdominal pain, nausea, vomiting, or diarrhea  |     |    |
| 2. Have you had close contact with someone who is currently sick?  | YES | NO |
| 3. Have you been diagnosed with COVID-19 in the past 3 weeks or have reason to believe that you may have COVID-19? | YES | NO |
| 4. Have you traveled or had close contact with anyone who has traveled internationally in the last 14 days?        | YES | NO |

In the event there are any "yes" answers above, or there is a temperature above 100.3F, entry into the building will not be granted.

PC Staff Member \_\_\_\_\_