

Student Screening Form

Chippewa Valley Technical College follows the guidance of the Centers for Disease Control and Prevention for "Criteria to Guide Evaluation of PUI for COVID-19" which can be found at :

<https://www.cdc.gov/coronavirus/2019-nCoV/hep/clinical-criteria.html>.

The Student Screening Form will be completed **each time** you meet face-to-face for any course. After completing the form, please submit to your instructor. By signing this document, you are verifying that all of the following information is true and accurate to the best of your knowledge.

Student Printed Name: _____

Date: _____

Student Signature: _____

Step 1

Please answer all of the following questions.

Symptom Review:

In the last 14 days, have you had a fever greater than 100F?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
In the last 14 days, have you had symptoms of a lower respiratory illness? (Cough or sore throat, new shortness of breath, difficulty breathing?)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Exposure Review:

Did the exposure/potential exposure occur at a known facility?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did the exposure/potential exposure occur at your place of employment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have members of your household or close family members with confirmed or suspected COVID-19?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Travel Review:

In the last 14 days, have you travelled outside of the State of Wisconsin?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<ul style="list-style-type: none">• If yes, did you travel to an area that has been identified as a <u>high risk</u> by the CDC (Level 1, 2 or 3) or to any state in the U.S. that has been deemed to be experiencing "sustained <u>community</u> transmission"?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you worked or visited a healthcare facility within the past 14 days?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you had close contact with an individual who has been ill and tested for any communicable diseases, such as influenza or coronavirus, within the past 14 days?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Complete the following information if you had a known exposure. Include the date and time that you reported the occurrence to the Law Enforcement Academy Director.

Date of potential exposure: Date and time of notification of potential exposure: Summary of Occurrence:

Please submit this form to your instructor. If you answered yes to any of the above questions, you may be required to self-quarantine for 14 days. You will be notified of next steps by the Law Enforcement Program Director or your instructor. Please follow the Wisconsin Department of Health Self Quarantine guidelines.

Step 2

Please answer both of the following questions **ONLY** upon completion of the 14 day self-quarantine.

Do you have a temperature greater than 100F?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have symptoms of a lower respiratory illness, such as cough, sore throat, shortness of breath, or difficulty breathing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If yes to either of these questions, please contact your primary health provider per their established protocols and notify the Law Enforcement Program Director, Eric Anderson (eanderson72@cvtc.edu) of your continued symptoms.