Odem-Edroy Independent School District Attestation of Health Status Related to COVID-19

In order to be granted access to Odem-Edroy ISD facilities during the suspension of normal business operations, employees will be asked to undergo some basic screening. The following information is required for each individual entering the facility every time they need access to our buildings.

Individuals answering "Yes" to one or more of the items below will not be allowed to access or work in the OEISD facilities.

Please respond to each item and sign below.

		Circle	One
I have checked my temperature within the past 24	hours and have a		No
I have a cough, difficulty breathing, or shortness of breath.		Yes	No
I have persistent pain or pressure in the chest		Yes	No
I have traveled to any of the following areas within	the past 14 days:	Yes	No
ChinaSouth KoreaIranEurope			
I have traveled outside the Odem-Edroy ISD area within the past 14 days:			No
If Yes, list travel dates and destination(s) below:			
By signing and dating below, I attest that all the infeknowledge.	ormation provided	d is true and accura	te to the best of my
Employee Signature	_	Date	
Employee Name (please print)	_		