

**Battle Creek Public Schools
COVID-19 Health Appraisal Form**

Location/School: _____

Employee Name: _____

Date: _____

Time In: _____

Current temperature: _____

In the past 24 hours have you experienced:	Yes	No
• Subjective Fever (Felt Feverish)		
• New or Worsening Cough		
• Shortness of Breath		
• Sore Throat		
• Diarrhea		
<p>If you answer “yes” to any of the symptoms listed above, or your temperature is 100.4°F or higher, please do not go into work. Self-isolate at home and contact your primary care physician’s office for direction.</p> <ul style="list-style-type: none"> • You should isolate at home for a minimum of 10 days since symptoms first appeared. • You must also have 3 days without fevers and improvement in respiratory symptoms. 		
In the past 14 days, have you:		
• Had close contact with an individual diagnosed with COVID-19?		
• Traveled internationally or domestically?		
<p>If you answer “yes” to either of these questions, please do not go into work (unless exempt). Self-quarantine at home for 14 days.</p>		

For questions, contact Calhoun County Health Department at (269) 969-6990