

## Employee Health Screening Information and Procedure

It is critical that employees do not report to work while they are experiencing respiratory symptoms such as fever, cough, shortness of breath, or sore throat, body aches, headache, chills or fatigue. Currently, the Centers for Disease Control and Prevention recommends that employees remain at home until at least 72 hours after they are free of fever (**37.5 Celsius**) or signs of a fever without the use of fever-reducing medications. Many times, with the best of intentions, employees report to work even though they feel ill. Employees who report to work ill will be sent home in accordance with these health guidelines.

If you are out sick or show signs of being ill, it may become necessary to request information from you and/or your health care provider to know that it is appropriate and safe for you to return to work. As always, we expect and appreciate your cooperation when medical information is sought.

Our policy is to treat medical information as a confidential medical record. Any disclosure of medical information is in limited circumstances with supervisors, managers, human resources and safety personnel, and government officials as required by law.

We understand that everyone reacts differently in times like these. At the American International School of Cape Town (AISCT), the health, safety, and well-being of our employees is our number one priority. As this is a fluid situation, these guidelines may be updated as the need arises.

Daily Assessment Procedure for Employees:

1. The AISCT Safety Officer and Assistant must wear a face mask and/or shield and disposable gloves.
2. The AISCT Safety Officer will take the temperature of all employees when reporting to and leaving campus.
3. The AISCT Safety Officer will record the reading on the required forms.

### **The AISCT Employee Health Screening Questionnaire.**

If the answer is "Yes" to any of questions 1 – 3 of the Questionnaire, or if your temperature exceeds (**37.5 Celsius**), access to our facility will be denied, and the employee certifies that he or she will (1) seek immediately a medical diagnosis from a qualified healthcare provider; (2) inform the Company immediately of such diagnosis; and (3) provide any documentation of such treatment and diagnosis (and any continuing treatment and diagnosis of COVID-19 symptoms) to Company.

All copies of The AISCT Health Screening Questionnaire will be stored in accordance with all applicable privacy laws.



# Employee Health Screening Questionnaire

To prevent the spread of COVID-19, we are conducting a simple screening questionnaire for all employees. Your participation is important to help us take precautionary measures to protect you and everyone in our campus. This is required in order to perform your duties at AISCT. Thank you for your time.

1. Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, loss of smell or taste, and/or difficulty breathing)?

YES \_\_\_\_\_ NO \_\_\_\_\_

2. Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?

YES \_\_\_\_\_ NO \_\_\_\_\_

3. Have you been in close contact with anyone who has traveled outside of South Africa within the last 14 days?

YES \_\_\_\_\_ NO \_\_\_\_\_

4. Do you consent to having your temperature taken upon entry and exit to/from campus each day?

YES \_\_\_\_\_ NO \_\_\_\_\_

**If the answer is “Yes” to any of questions 1 – 3, or if you consent to having your temperature taken and your temperature exceeds 37.5 , access to our facility will be denied, and employee certifies that he or she will (1) seek immediately a medical diagnosis from a qualified healthcare provider; (2) inform AISCT immediately of such diagnosis; and (3) provide any documentation of such treatment and diagnosis (and any continuing treatment and diagnosis of COVID-19 symptoms) to AISCT.**

Employee Name: PRINT \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

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<b>ACCESS TO FACILITY (circle one):</b>	<b>Approved</b>	<b>Denied</b>
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