

The Clear View School Day Treatment Center

Reopening Protocols

DAILY ASSESSMENT

This must be filled out each day that any person enters any of the buildings on the Clear View campus. Anyone unable or unwilling to do so will not be able to enter any building. Persons found to have entered a building without completing the assessment will be asked to leave and will be required to present a negative covid-19 test result before future building admission.

Name: _____

Date: _____

Anticipated Location(s) at Clear View: _____

Temperature: _____

Are you having any:

- fever or chills
- cough
- sore throat
- loss of taste
- loss of smell
- nausea or vomiting
- diarrhea
- shortness of breath
- fatigue
- headache
- congestion or runny nose
- None of the above

Have you been in close contact with anyone diagnosed with Covid-19?

- Yes
- No

Have you traveled out of the state in the past 2 weeks?

- Yes
- No

Comments: _____