



COVID-19 Self-Identification Form

Student/Employee Name: _____ Date: _____

School attending/Job Title: _____ Principal/Supervisor Name: _____

Students and staff are asked to stay home from school if they have any of the following COVID-19 symptoms:

- Sore throat
- Headache
- Chills, sometimes with shaking
- Loss of smell or taste
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

The Utah Department of Health has issued guidelines for high-risk individuals:

Utah-specific data and CDC guidelines identify the following as high-risk individuals:

- **Age** – People aged 65 years and older
- **Group quarters** – People who live in a nursing home or long-term care facility
- **Lung disease** – People with chronic lung disease or moderate to severe asthma
- **Heart conditions** – People who have serious heart conditions
- **Immunocompromised** – People under cancer treatment, who smoke, have bone marrow or organ transplants, HIV or AIDS, and who have prolonged use of corticosteroids and other immune weakening medications
- **Obesity** – People of any age with severe obesity (body mass index > 40)
- **Underlying medical conditions** – People with diabetes, kidney disease, and liver disease, particularly if not well controlled
- **NOTE:** Individuals who are pregnant should be monitored since they are known to be at risk with severe viral illnesses, however, to date data on COVID-19 has not shown increased risk.

- Wear face masks at all times in public
- Stay home as much as possible. If you need to go into public settings, stay at least 6 feet from others.
- Wash hands
- Limit travel to only essential travel.
- Continue to seek emergency care, routine doctor visits, and medication pickups.
- Limit visiting friends or family without urgent need.
- Limit physical interactions with other high-risk individuals, except for members of your household or residence.
- Limit attending gatherings of any number of people outside your household or residence.
- Limit or do not visit others in hospitals, nursing homes, or other residential care facilities.
- Work remotely if possible, if not, maintain social distancing (ideally six or more feet).

Staff and parents of students are encouraged to notify school officials of COVID-19 related concerns. In order to protect our students and workforce during the COVID-19 outbreak, Emery District is asking for parents of students and employees to self-identify if they fall into one of the following categories. This self- identification form will assist the Emery District in determining appropriate educational and work assignment resources and accommodations that may apply to your circumstances. Please check if any of the following apply to you. You may select more than one.

____ I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19 or have been advised by a health care provider to self-quarantine related to COVID-19.

____ I am experiencing COVID-19 symptoms and am seeking a medical diagnosis;

____ I am caring for an individual subject to a quarantine or isolation order;

____ I am considered a high-risk individual based on Utah Health Department guidelines and am seeking accommodations specific to my circumstance.

____ I am caring for an individual or child (biological, adopted, foster, stepchild, or legal ward who is considered high risk for COVID-19 and am seeking accommodations specific to my circumstance.

Emery School District will keep all employee medical information as confidential as possible. Please do not share detailed health information to students or coworkers. Information contained in this form will be used solely for administrative and operational purposes.

Parent/Employee Signature

Date

Principal/Supervisor Signature

Date