

Self-Declaration Form

Name: _____
Date: _____
Emergency Contact: _____
Emergency Phone: _____
CURRENT TEMPERATURE: _____

Please read this document carefully as it may affect your ability to gain access to our schools and facilities.

The safety of our students and staff at LCPS facilities remains our top priority. As a result of the Novel Coronavirus (COVID-19) outbreak, which continues to evolve, we are implementing certain protocols to safeguard all visitors to LCPS buildings or campuses.

As part of our ongoing community care efforts, we are asking all visitors to read this health declaration silently to themselves and answer honestly before entering any LCPS facility or participating in any out of season practice.

If you answer “yes” to any of the questions below, you may not enter our building. Employees should immediately contact their supervisor.

Answer “YES” or “NO”, in the last fourteen (14) days, have you had any of the following:

1. A new fever (100.0°F or higher) or a sense of having a fever? Answer: YES____
NO_____
2. A new cough that you cannot attribute to another health condition?
Answer: YES_____ NO_____
3. New shortness of breath that you cannot attribute to another health condition?
Answer: YES_____ NO_____
4. A new sore throat that you cannot attribute to another health condition?
Answer: YES_____ NO_____
5. New muscle aches (myalgia) that you cannot attribute to another health condition or that may have been caused by a specific activity (such as physical exercise)?
Answer: YES_____ NO_____
6. Have you been around someone who has symptoms of illness or someone who has tested positive for COVID-19?
Answer: YES_____ NO_____