

Substitute COVID-19 Self-Certification and Verification Form

In response to the COVID-19 pandemic and in order to ensure a safe and healthy environment for our school community, June 23, 2020, Transition Joint Guidance from the Illinois State Board of Education and the Illinois Department of Public Health requires that every employee undergo a daily symptom screening prior to utilizing School District transportation (i.e., bus drivers, bus aides/monitors, etc.) or entering any School District building. Employees, including substitute teachers, will conduct this daily symptom screening on each day prior to their arrival for work and report consistent with the parameters outlined below until otherwise notified by the District in writing.

This form must be completed and signed each day when reporting to a school to take a substitute assignment.

Substitute Name: _____

Date: _____

School: _____

Certification and Verification of Daily Symptom Screening

I certify i have none of the following COVID-19 symptoms:

- Temperature of 100.4 (or greater) degrees Fahrenheit/38 degrees Celsius;
- Cough;
- Congestion/Runny Nose
- Shortness of breath or difficulty breathing;
- Chills;
- Fatigue;
- Muscle and body aches;
- Headache;
- Sore throat;
- New loss of taste or smell;
- Nausea and/or vomiting;
- • Diarrhea; or
- Any other COVID-19 symptoms identified by the Centers for Disease Control (CDC) or Illinois Department of Public Health (IDPH).

By reporting to work today, I am certifying and verifying that I am not experiencing any COVID-19 symptoms. If I experience any of the above symptoms at any time during my workday, I will immediately notify my immediate supervisor and isolate myself away from other employees and students pending further direction from the District, and provide necessary information as requested.

If my daily symptom screening reveals that I am experiencing any COVID-19 symptoms, I will notify the District in writing of the symptoms I am experiencing by sending an email to my Brian Valek in Human Resources at bvalek@naperville203.org and provide necessary information as requested.

Certification and Verification of Other COVID-19 Related Exposures

I will notify the District that I will be absent pending further direction from the District if: (1) I receive a diagnosis of COVID-19; (2) I am suspected of having COVID-19; (3) I come in close contact (definition below) with an individual who tested positive for COVID-19 or is suspected of having COVID-19; or (4) I have traveled internationally. If the District staff contacts me to gather additional information related to the reason(s) for my absence, I will provide the necessary information as requested.

By reporting to work on any given day, I am certifying and verifying that I am not presently subject to an isolation or quarantine protocol related to COVID-19. If I have symptoms on the day of reporting to an assignment or up to three days after a previous assignment in Naperville CUSD #203, I will email Brian Valek in Human Resources at bvalek@naperville203.org.



Employee Self Certification and Verification form

For COVID-19, the CDC defines a “close contact” as “any individual who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to positive specimen collection) until the time the patient is isolated.”

NCUSD #203 Return to Learn Guidelines

_____ By initialing this space, I verify I have reviewed Naperville CUSD #203’s Return to Learn Health and Safety guidelines provided on the district website.

Substitute Signature

Date