



School Administrative Unit 21

Onsite Work Staff/Contractor Health Screening

2 Alumni Drive
Hampton, NH 03842
603-926-8992
sau21.org

Staff Member/Contractor/Visitor Name: _____

Date: _____

It is the intent of SAU 21 to try to limit any potential risk to other employees of being exposed to COVID 19. Employees are required to complete the following questions to determine eligibility for onsite work. The questions were developed utilizing information provided by the Centers for Disease Control. Before being eligible for onsite work, you must attest that you have taken all of the necessary precautions below. For further clarification, please contact Charlene Sears, Human Resources Manager, at 926-8992 x 109 or csears@sau21.org.

William H. Lupini, Ed.D.
Superintendent of Schools

David T. Hobbs, Ed.D.
Assistant Superintendent for Curriculum, Instruction and Assessment

Caroline P. Arakelian, Ph.D.
Executive Director of Student Services

Matthew C. Ferreira, M.S.Ed.
Business Administrator

1. Are you experiencing any of the following new or unexplained symptoms: cough, sore throat, runny nose, shortness of breath, fatigue, chills, muscle aches, headache, loss of taste and smell, difficulty breathing, nausea, vomiting or diarrhea? Yes No
2. Do you have a fever of 100.0° or higher? Yes No
3. Have you had close contact with someone who is confirmed to have COVID-19 in the prior 14 days? Yes No
4. Have you traveled in the prior 14 days outside of New Hampshire, Vermont, Maine, Massachusetts, Connecticut, or Rhode Island?

 Yes No

I attest that the answers to the above questions are true to the best of my knowledge. If any of my answers to the above questions change while given permission to work onsite, I will notify and discuss the circumstances with the Human Resources Manager before returning to onsite work. I further understand and agree that unless I have been specifically requested by the District to work onsite, I am doing so voluntarily and at my own risk.

Staff Member/Contractor Signature: _____

Company / School District: _____

Telephone Number: _____

Email address: _____

Received by the Human Resources Department: _____

Reviewed and Approved for onsite recommendation to the Superintendent by:

Serving the communities of:
Hampton Falls
North Hampton
Seabrook
South Hampton
Winnacunnet High School