

# COVID SCREENING QUESTIONS

**Have you experienced any of the following symptoms in the past 48 hours:**

FEVER OR CHILLS

COUGH

SHORTNESS OF BREATH OR DIFFICULTY BREATHING

FATIGUE

MUSCLE OR BODY ACHES

HEADACHE

NEW LOSS OF TASTE OR SMELL

SORE THROAT

CONGESTION OR RUNNY NOSE

NAUSEA OR VOMITING

DIARRHEA

**Did the person answer YES to ANY QUESTION?**

Following the screening, supervisors will use their best judgement to determine whether consultation with the COVID Call Center is appropriate.

**Additional Screening Questions**

Within the past 14 days, have you been in close physical contact (6 feet or closer for a cumulative total of 15 minutes) with:

Anyone who is known to have laboratory-confirmed COVID -19?

Anyone who has any symptoms consistent with COVID-19?

Is Temperature 100.4 Degrees or Above?

Have you had a positive COVID test within the past 10 days or are you currently pending results of a COVID test?

**Did the person answer NO to ALL questions?**

Access to this facility is **APPROVED**.

Thank you for helping us protect you and others during this time.

**Did the person answer YES to ANY QUESTION?**

Access to this facility is **NOT APPROVED**.

Supervisors will direct the person to contact the COVID Call Center or Primary Care Provider for further instructions, including information about COVID-19 testing.

Supervisors will discuss options for alternative work and/or leave.