Annex C: 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?**
Supervisor should contact the COVID Call Center for further instructions, including information about COVID-19 testing.

**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.
Please contact the COVID Call Center or Primary Care Provider for further instructions, including information about COVID-19 testing.

Contact your immediate supervisor to discuss options for alternative work and/or leave.