

## BACKGROUND INFORMATION

Agency:	Date:	Time:
Completed by (name of screener):	Name of individual being screened:	

## TEMPERATURE

*Use your no-touch thermometer to take employee's temperature. Is their temperature greater than or equal to 100.0 degrees Fahrenheit?*

**NOTE:** Screeners are prohibited from recording employee health data (e.g. temperatures).

 YES NO

## CONTACTS

*Have you had any known close contact with a person confirmed or suspected to have COVID-19 in the past 14 days?*

 YES NO

## SYMPTOMS

*Are you currently experiencing ANY of the following symptoms?*

Cough (new or worsening)

 YES

Shortness of Breath (new or worsening)

 NO

Troubled Breathing (new or worsening)

Fever

Chills

Muscle Pain (new or worsening)

Headache (new or worsening)

Sore Throat (new or worsening)

New Loss of Taste

New Loss of Smell

## POSITIVE TEST RESULT

*Have you tested positive for COVID-19 through a diagnostic test in the past 14 days?*

 YES NO

## RESULTS

*Employee answers "NO" to all questions.*

*Employee answers "YES" to any question.*

 Passed Employee instructed to return home