

COVID-19 Health Self Screening Questions

Health Screening Criteria

Have you had any of these symptoms the presence of COVID-19?

- fever (temperature $\geq 100.4^{\circ}\text{F}$) or feel as if you have a fever,
- cough that is unusual for you,
- shortness of breath (difficulty breathing)

Yes No

Have you had any close contact with anyone with these symptoms in the past 14 days? The CDC defines close contact as (a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case – or – (b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).

Yes No

Have you been diagnosed with COVID-19?

Yes No

Have you travelled to Level 3 countries or areas where you may have been exposed to COVID-19 in the past 14 days?

Yes No

This form is used to assist with self-monitoring for COVID-19. For precautionary purposes, **if you answer yes to any of the questions, contact your supervisor for directions prior to coming to work.**

This does not mean you have the virus. If you think you have been exposed to COVID-19 and/or develop symptoms, please call your healthcare provider for medical advice.

Once you are asymptomatic, you must contact your Supervision and be cleared to be able to return to work.

Here are some helpful tips to monitor your health:

- Take temperature twice a day
- Watch for cough or trouble breathing
- Avoid public transportation, taxis, or ride-shares
- Avoid crowded places such as shopping centers or movie theaters and limit public activities
- Maintain a 6-foot distance from others