COVID-19: Employee Screening Checklist

To prevent the spread of COVID-19 in our facilities, please complete this checklist and adhere to these guidelines:
- Wash or sanitize your hands with alcohol-based rub prior to entering the building and throughout your workday.
- Wear appropriate PPE.
- Maintain 6' of distance whenever possible; limit contact to assisting residents with personal needs.

Please answer the following questions prior to entering the building.

1. **Employees must take their temperature at the designated checkpoint.** Temperature reading:_____

2. **Within the past 5 days, have you had any of the following <u>new or unexplained</u> symptoms?**

    ☐ Temperature of 100.4° or above
    ☐ Shortness of breath or difficulty breathing
    ☐ Cough

☐ Headache	☐ Muscle or body aches	☐ Congestion or runny nose
☐ Sore throat	☐ Loss of taste or smell	☐ Nausea or vomiting
☐ Chills	☐ Fatigue	☐ Diarrhea

   ☐ **YES**
   ☐ **NO**

3. **Within the past 7 days, have you had contact with anyone who has COVID-19?**

   ☐ **YES**
   ☐ **NO**

4. **If you answered YES to <u>either</u> of the above, have you received a negative COVID-19 test in the past 2 days?**

   ☐ **YES. You may enter the facility but must wear a face mask.**
   ☐ **NO.** Contact your supervisor to arrange for a COVID test.

   <u>**If you answered NO to questions 2 and 3, you may enter the facility.**</u>

Name: _____   Facility Name:_____

Date:_____Time: _____Reviewed by Supervisor: _____