CORONAVIRUS DISEASE 2019 (COVID-19) STAFF SCREENING TOOL

DATE:_____

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1. Temperature: _____ ˚F   Method: Mouth   Ear   Forehead

□ If Temperature (Mouth) ≥ 100.4°F,   or   Temperature (Ear) ≥101°F,   or   Temperature (Forehead) ≥ 100°F

    Then Deny Access , Place on Leave (Not Safety & Weather Leave) for 1 day + STOP HERE & Proceed to Section 3

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2. Signs (Employee Complete)

□ Yes □ No	**New On-Set Cough**	# of Days_____
□ Yes □ No	**New Onset Trouble Speaking/ Difficulty Breathing**	
□ Yes □ No	**Fatigue**	
□ Yes □ No	**Muscle or Body Aches**	
□ Yes □ No	**Sore Throat**	
□ Yes □ No	**New Loss of Taste or Smell**	
□ Yes □ No	**Stuffy/Runny Nose**	
□ Yes □ No	**Nausea or Vomiting**	
□ Yes □ No	**Diarrhea**	

➢ Contact the Medical Officer on Call for the Institution to provide Disposition

    ✓ Disposition by Medical Officer Assessment:
            □ Leave
            □ Work
    ✓ If staff is being sent home, please provide them with copy of this document and copy of XXX Memo for the Local Health Department / Personal Healthcare provider for testing

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3. Notification of Local Human Resources Department

□ If Individual is placed on leave for Section 1 *or* 2, Then share document with HR Office for T&A purpose

➢ **HR**

□ Please have HSD place this document in the Employee's Medical Folder (Blue Folder) if leave is indicated

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Staff Name (Last, First): _____ **Year of Birth (Year):** _____

Institution: _____ **State:** _____