# Coronavirus Disease 2019 (COVID-19) Staff Screening Tool

Date: ____________________

## 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

## 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
  - [ ] 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

## 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: ____________________________

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