

CORONAVIRUS DISEASE 2019 (COVID-19) STAFF SCREENING TOOL

DATE: _____

1. Temperature: _____ °F Method: Mouth Ear Forehead	
<input type="checkbox"/> If Temperature (Mouth) $\geq 100.4^{\circ}\text{F}$, or Temperature (Ear) $\geq 101^{\circ}\text{F}$, or Temperature (Forehead) $\geq 100^{\circ}\text{F}$ Then Deny Access , Place on Leave <small>(Not Safety & Weather Leave)</small> for 3 days + STOP HERE & Proceed to Section 3	
2. Signs (Employee Complete)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	New On-Set Cough # of Days _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	New Onset Trouble Speaking because of Needing to take a Breath
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stuffy/Runny Nose
<p>➤ Contact the Medical Officer on Call for the Institution to provide Disposition</p> <p>✓ Disposition by Medical Officer Assessment:</p> <p style="padding-left: 40px;"><input type="checkbox"/> Leave <input type="checkbox"/> Work</p>	
3. Notification of Local Human Resources Department	
<input type="checkbox"/> If Individual is placed on leave for Section 1 or 2, Then share document with HR Office for T&A purpose	
➤ <u>HR</u>	
<input type="checkbox"/> Please have HSD place this document in the Employee's Medical Folder (Blue Folder) if leave is indicated	

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

Institution: _____ State: _____