

APPENDIX V. COVID-19 SCREENING TOOL FOR STAFF, CONTRACTORS, AND VISITORS

**CORONAVIRUS DISEASE 2019 (COVID-19) ENHANCED SCREENING TOOL
 STAFF/CONTRACTORS/VISITORS**

DATE: _____

1. TEMPERATURE: _____ °F METHOD: <input type="checkbox"/> MOUTH <input type="checkbox"/> EAR <input type="checkbox"/> FOREHEAD	
<input type="checkbox"/> If temperature is: (mouth) ≥ 100.4°F OR (ear) ≥ 101°F OR (forehead) ≥ 100°F Then deny access, place on Leave (NOT Safety and Weather leave) for 1 day. Proceed to Section 3 below.	
2A. OTHER SYMPTOMS (completed by employee, contractor or visitor)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	New-Onset Cough # of days: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	New-Onset Trouble Speaking/Difficulty Breathing
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fatigue
<input type="checkbox"/> Yes <input type="checkbox"/> No	Muscle or Body Aches
<input type="checkbox"/> Yes <input type="checkbox"/> No	Sore Throat
<input type="checkbox"/> Yes <input type="checkbox"/> No	New Loss of Taste or Smell
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stuffy/Runny Nose
<input type="checkbox"/> Yes <input type="checkbox"/> No	Nausea or Vomiting
<input type="checkbox"/> Yes <input type="checkbox"/> No	Diarrhea
2B. COVID-19 VACCINE (completed by employee, contractor or visitor)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Received COVID-19 Vaccine in the past 72 hours
<input type="checkbox"/> Contact the Medical Officer on call for the institution to provide disposition: Disposition by Medical Officer after assessing symptoms: <input type="checkbox"/> Leave <input type="checkbox"/> Work If staff is being sent home, give them a copy of this document and a copy of <i>Memo for the Local Health Department/Personal Healthcare Provider</i> for them to take to the local health department or their personal healthcare provider for COVID-19 testing.	
3. NOTIFICATION OF LOCAL HUMAN RESOURCES DEPARTMENT	
<input type="checkbox"/> If Individual is placed on leave for Section 1 or 2, share document with HR Office for T&A purpose. <input type="checkbox"/> HR OFFICE: 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: _____ Institution: _____ State: _____	

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