

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

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

DATE: _____

1. 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	Fever or chills in the past 24 hours
<input type="checkbox"/> Yes <input type="checkbox"/> No	New onset loss of taste or smell
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: <ul style="list-style-type: none"> • Disposition by Medical Officer after assessing symptoms: <input type="checkbox"/> Leave <input type="checkbox"/> Work • Offer COVID-19 testing at the institution or provide a copy of the <i>Memo for the Local Health Department/Personal Healthcare Provider</i> for COVID-19 testing. 	
3. NOTIFICATION OF LOCAL HUMAN RESOURCES DEPARTMENT	
<input type="checkbox"/> If Individual is placed on leave, 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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