

CORONAVIRUS DISEASE 2019 (COVID-19) ENHANCED SCREENING TOOL

STAFF / CONTRACTOR / VISITOR

DATE: _____

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

☐ 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 (Not Safety & Weather Leave) for 1 day + STOP HERE & Proceed to Section 3

2A. Other Symptoms (Employee Complete)

☐ Yes ☐ No **New-Onset 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**

2B. COVID-19 Vaccine (Employee Complete)

☐ Yes ☐ No **Received COVID-19 Vaccine in that past 72 hours**

➤ 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 "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

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

Institution: _____ State: _____