**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○FThen Deny Access , Place on Leave (Not Safety & Weather Leave) for 3 days + STOP HERE & Proceed to Section 3 |
| **2. Signs** (Employee Complete) |
|  Yes  No | **New On-Set Cough** # of Days\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Yes  No | **New Onset Trouble Speaking because of Needing to take a Breath** |
|  Yes  No | **Stuffy/Runny Nose** |
| * Contact the Medical Officer on Call for the Institution to provide Disposition
* Disposition by Medical Officer Assessment:

  Leave  Work  |
| **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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_