COVID-19 Screening Questions

For All Employees and Visitor

Instructions:

* Employees must screen ALL employees and visitors BEFORE they enter
* Employees and visitors must answer all questions

**Anyone who answers yes to any of these questions may not enter the residence or building**

* Keep a copy of this form in the XXX
* Document every screening completed on the **Visitor Screening Log**

Date: Time: am / pm

Name of Employee/Visitor:

 Please print

Employee conducting screening:

 Please print

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Have you experienced any cold or flu like symptoms in the **past 14 days** (fever of 100.4 F or greater, cough, sore throat, shortness of breath or other difficulty breathing)? |  |  |
| Have you had a fever of 100.4 F within the **past 24-hours**? |  |  |
| Have you had close contact or cared for anyone diagnosed with COVID-19 in the **past 14 days**? |  |  |
| Have you travelled outside of the United States within the **past 14 days**? |  |  |
| Have you been in close contact with someone who has travelled to any country with a **Level 3 Travel Health Notice** (as determined by the CDC)? |  |  |

**Effective 3/14/2020**

**Level 3 Travel Health Notice Countries:**

Austria, Belgium, China, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Iran, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, Monaco, San Marino, South Korea, Vatican City

***Contact your supervisor or a member of Senior Management Team if you need assistance***