

## Coronavirus Disease (COVID-19) Health Screening Form

Full Name: \_\_\_\_\_

Employee

Student

Guest

1. Have you experienced any of the following symptoms in the past 48 hours or have a current temperature of 100.4 or higher?

Fever or chills	Cough	Shortness of Breath	Fatigue
Muscle or body aches	Headache	Sore throat	Nausea or vomiting
Congestion or runny nose	Difficulty breathing	Diarrhea	New loss of taste or smell

YES  NO



If you answered **YES**, please do not enter facility. You may return once you have been symptom free for 48 hours without the use of fever-reducing medication.

2. Are you fully vaccinated (final vaccination dose was received more than two weeks ago)?

YES  NO



If you answered **YES**, please sign below and submit form. If you answered **NO**, please complete next section of form.

**To the best of my knowledge, I have answered the above questions honestly and accurately.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

1. In the past 10 days, have you tested positive for COVID-19 or had close contact with an individual that tested positive for Covid-19?

**Close Contact defined by the Center for Disease Control:**

- Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.
- You provided care at home to someone who is sick with COVID-19
- You had direct physical contact with the person (hugged or kissed them)
- You shared eating or drinking utensils
- They sneezed, coughed, or somehow got respiratory droplets on you



If you answered **YES**, please do not enter facility. Contact your supervisor for employees, instructor for students, or designated school contact for guests to determine when it is safe for you to return.

YES  NO

Contact Number: \_\_\_\_\_ Time In: \_\_\_\_\_  
*(Above information is used for contact tracing procedures)*

**To the best of my knowledge, I have answered the above questions honestly and accurately.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date