

# Employee Screening Tool

Name of Employee: \_\_\_\_\_ Signature of Employee: \_\_\_\_\_

Name of Screener: \_\_\_\_\_ Signature of Screener: \_\_\_\_\_

Date of Screening:	Time of Screening:	Decision for Entry
Have you been tested positive with COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>YES</b> , did you bring proof of two consecutive negative test results separated by 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		If tested positive AND did not bring proof of negative results: <b>STOP, Entry NOT Allowed!</b>
Obtain temperature and check for fever (>99.6°F). Document temperature here: _____		
<b>Sore Throat</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Shortness of Breath</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Cough/Fever</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		If showing or presenting signs or symptoms of respiratory infection, including fever, cough, shortness of breath, diarrhea or sore throat: <b>STOP, Entry NOT Allowed!</b>
Have you been in close contact with person(s) infected with COVID-19 who has not tested negative for COVID-19 within the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you traveled through an airport within the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		If answer is YES: <b>Per the Agency for Healthcare Administration, facility staff are exempt from the 14-day air travel prohibition if the individual does not meet any of the other screening criteria. The facility must still follow the required documentation criteria.</b>
Have you traveled on a cruise ship within the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		If answer is YES: <b>STOP, Entry NOT Allowed!</b>
Have you <u>been</u> OR have <u>resided</u> in a community with confirmed community spread of COVID-19, as identified by the CDC or state public health agency, within the last 14 days of their presence in the community with a community spread? (i.e., Washington, New York, California, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No		If answer is YES: <b>STOP, Entry NOT Allowed!</b>
Education and/or Materials Provided? <input type="checkbox"/> Printed materials		<input type="checkbox"/> Hand hygiene, with return demonstration

Name of Employee: \_\_\_\_\_ Signature of Employee: \_\_\_\_\_

Name of Screener: \_\_\_\_\_ Signature of Screener: \_\_\_\_\_

Date of Screening:	Time of Screening:	Decision for Entry
Have you been tested positive with COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>YES</b> , did you bring proof of two consecutive negative test results separated by 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		If tested positive AND did not bring proof of negative results: <b>STOP, Entry NOT Allowed!</b>
Obtain temperature and check for fever (>99.6°F). Document temperature here: _____		
<b>Sore Throat</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Shortness of Breath</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Cough/Fever</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		If showing or presenting signs or symptoms of respiratory infection, including fever, cough, shortness of breath, diarrhea or sore throat: <b>STOP, Entry NOT Allowed!</b>
Have you been in close contact with person(s) infected with COVID-19 who has not tested negative for COVID-19 within the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you traveled through an airport within the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		If answer is YES: <b>Per the Agency for Healthcare Administration, facility staff are exempt from the 14-day air travel prohibition if the individual does not meet any of the other screening criteria. The facility must still follow the required documentation criteria.</b>
Have you traveled on a cruise ship within the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		If answer is YES: <b>STOP, Entry NOT Allowed!</b>
Have you <u>been</u> OR have <u>resided</u> in a community with confirmed community spread of COVID-19, as identified by the CDC or state public health agency, within the last 14 days of their presence in the community with a community spread? (i.e., Washington, New York, California, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No		If answer is YES: <b>STOP, Entry NOT Allowed!</b>
Education and/or Materials Provided? <input type="checkbox"/> Printed materials		<input type="checkbox"/> Hand hygiene, with return demonstration