

COVID-19 Screening Checklist for Medical Employers

(Use for Healthcare Settings, including Hospitals, Medical Practices, First response, Nursing Homes, Elder Care Facilities and Similar Congregate Settings)

All employees AND visitors entering the building should be asked following questions.

1. Do you have fever, chills, or feel feverish?
 Yes
 No
 If YES, obtain and document temperature _____ degrees C / F

2. Do you have any of the following respiratory or COVID-related symptoms?
 Cough (productive or dry)
 Shortness of breath
 Sore throat
 Runny nose not related to allergies
 New loss of taste or smell
 Muscle Pains

3. Have you had close, **unprotected** contact with a **confirmed COVID-19** patient (spent longer than 15 minutes within 6 feet patient and not wearing a mask)?
 Yes—Do NOT start shift, contact employee health for further guidance about starting work
 No— Continue to next question

4. If they have subjective or documented fever **AND** any of the respiratory symptoms noted above:
 They should be asked to go home immediately and self-isolate until they are asymptomatic for 3 days without the use of any medications, and it has been 10 days since the first day of their symptoms (whichever duration is longer)

5. Remind all employees who are permitted to work to do the following:
 Wash hands with soap and water or alcohol-based sanitizer before work and frequently all day
 Use a mask at all times while indoors and practice social distancing of at least 6 ft from others
 Sanitize their work area before they leave
 Contact their employer and leave work immediately if they start to feel feverish or ill

