



COVID-19 SCREENING FORM

First Point of Contact Should Screen Employee/Visitor & Check Boxes That Apply

<input type="checkbox"/>	Visitor/Employee has a fever (>100.4 visitor/employee >100.0 HCP) AND signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)
<input type="checkbox"/>	Visitor/Employee has a fever (>100.4 visitor/employee >100.0 HCP) OR signs/symptoms of lower respiratory illness AND a history of travel from affected geographic regions within 14 days of symptom onset
<input type="checkbox"/>	Visitor/Employee has had close contact with a laboratory confirmed COVID-19 patient within the last 14 days
<input type="checkbox"/>	Visitor/Employee does not meet any of the above criteria

VISITORS:

If any of the first three boxes are checked, the visitor should be advised to defer from visiting the facility. If the visitor refuses, contact the administrator on call.

EMPLOYEES:

If any of the first three boxes are checked, place a mask on the employee, ask them to leave and refer to Human Resources for further information.

Employee # or Visitor Campsite #: _____

Name of Screener: _____ **Date:** _____ **Time:** _____

Please Note This Form Should Be Locked In a Secure Location Upon Completion