

Coronavirus Screening

Staff Name: _____ Date of Screening: _____

1. Have you experienced fever in the last 2 weeks? _____
2. Have you experienced cough or difficulty breathing? _____
3. Have you traveled outside the country recently? If so, where/when? _____
4. Have you traveled within the United States? If so, where/when? _____
5. Have you been in close contact with anyone who has traveled abroad recently? If so, who and where had they traveled? _____
6. Have you been in close contact with anyone experiencing suspicious respiratory illness? When/where/how long? _____
7. Have you had any contact with a person/persons under investigation for the Wuhan Coronavirus?

Current Temperature _____

Cleared for duty: YES NO

Employee Signature

Date/Time

Healthcare / Staff Signature

Date/Time

Contact supervisor or provider on site for any positive answers or a temp above 100.4. Contact supervisor or call if there is not one on site and the provider is not on site