

COVID-19

Screening Questions

1. Do you have any of the following symptoms?

- Feverish or chills
- Dry cough or difficulty breathing that is unusual for you and started in the past 14 days?
- Stomach troubles that are unusual for you and started in the past 14 days - i.e. diarrhea, stomach pain, or feeling sick to your stomach.

If NO



Proceed to next question

If YES



Send to Support Area*

2. Have you experienced any symptoms that are unusual for you in the last 14 days but are now symptom free because you took medication?

If NO



Proceed to next question

If YES



Send to Support Area*

3. Have you had close contact (within 6 feet for more than 30 minutes) with a confirmed/probable case of COVID-19?

If NO



Proceed to next question

If YES



Require the worker to wear a face mask and gloves and avoid contact with others then proceed with questions. **PROCEED** to next question.

4. Other than required travel for work or essential activities, have you traveled internationally or across state lines in the last 14 days?

If NO



Proceed to temp check

If YES



While traveling, did you come in close contact (within 6 feet for more than 30 minutes) with a large crowd or anyone who is potentially sick?

If NO



Proceed to temp check

If YES



Require worker to wear a face mask and gloves and avoid contact with others, then **PROCEED** to temp check.

*A **Support Area** is an area containing concentrations of personnel and material ready to support potentially COVID-19 infected workers.