

# COVID-19 Employee Screening Questionnaire

Please ask yourself these questions before coming to work each day.

1. Do you have a new cough that you <i>cannot attribute</i> to another health condition?	YES / NO
2. Do you have new shortness of breath that you <i>cannot attribute</i> to another health condition?	YES / NO
3. Have you had any one or more of these symptoms today or within the last 24 hours? <i>Are these symptoms new or not explained by another reason?</i> <ul style="list-style-type: none"> <li>• Fever (100.4°F or higher)</li> <li>• Cough</li> <li>• Shortness of breath/trouble breathing</li> <li>• Chills</li> <li>• Muscle/body aches</li> <li>• Diarrhea</li> <li>• Vomiting</li> <li>• Headache</li> <li>• Sore throat</li> <li>• New loss of taste or smell?</li> </ul>	YES/NO
4. Do you live in the same household with, or have you come into close contact (within 6 feet) with someone who has a <i>laboratory-confirmed COVID-19 diagnosis</i> in the past 14 days?	YES / NO

**If an employee answers YES to any of these questions they should stay home, self-monitor, and seek medical care or test if needed.**

- Refer to LVCCLD COVID Protocol Chart on Voyager as needed

**If an employee answered NO to ALL of the above screening questions, allow the employee to start their shift and remind them to:**

- Continue proper handwashing
- Continue to practice social distancing
- Wear a face covering