



COVID-19 Screening Checklist for Non-Medical Employers

All employees and visitors entering the building must be asked the following questions upon arrival.

1. In the past 14 days, have you been tested for COVID-19, with a laboratory saliva test through either a nose or throat swab (not a blood test) and the results are pending?
 Yes
 No
2. In the past 14 days, have you been notified that you have a positive result from a COVID-19 saliva test through either a nose or throat swab?
 Yes
 No
3. Do you have a fever?
 Yes
 No
4. Do you have any of the following new or worsening respiratory symptoms?
 Cough (productive or dry)
 Sore throat
 Runny nose
5. Have you had close, unprotected contact with a suspected or known COVID-19 patient (spent longer than 15 minutes within 6 feet of someone who was sick with a fever and cough)?
 Yes
 No
6. If individual has *suspected* or documented fever **OR** answers **YES** to #1, #2, #3, #4 or #5, (s)he must be asked to go home immediately and self-isolate for 14 days until they are asymptomatic for 3 days without the use of medications, and it has been 7 days since the first day of their symptoms (whichever duration is longer)
7. If they answer **NO** to #1, #2, #3, #4 or #5, they can work but instruct them to do the following:
 Wash their hands with soap and water or alcohol-based sanitizer before they start work and frequently throughout the day.
 Practice social distancing, sit and/or stand at least 6 feet from other people, do not shake hands or hug people, and do not share food or drinks.
 Sanitize their work area before they leave.
 Contact on-site representative and leave premises immediately if they start to feel feverish or have respiratory symptoms.

Signature

Date

Time AM/PM (circle one)