

CORONAVIRUS DISEASE 2019 (COVID-19) STAFF SCREENING TOOL

DATE: _____

1. Temperature: _____ °F Method: Mouth Ear Forehead			
<input type="checkbox"/> If Temperature (Mouth) ≥ 100.4°F, or Temperature (Ear) ≥ 101°F, or Temperature (Forehead) ≥ 100°F Then Deny Access , Place on Leave <small>(Not Safety & Weather Leave)</small> for 3 days + STOP HERE & Proceed to Section 3			
2. Signs (Employee Complete)			
<input type="checkbox"/> Yes <input type="checkbox"/> No	New On-Set Cough	# of Days _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	New Onset Trouble Speaking because of Needing to take a Breath		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stuffy/Runny Nose		
➤ Contact the Medical Officer on Call for the Institution to provide Disposition ✓ Disposition by Medical Officer Assessment: <input type="checkbox"/> Leave <input type="checkbox"/> Work			
3. Notification of Local Human Resources Department			
<input type="checkbox"/> If Individual is placed on leave for Section 1 or 2, Then share document with HR Office for T&A purpose ➤ <u>HR</u> <input type="checkbox"/> Please have HSD place this document in the Employee's Medical Folder (Blue Folder) if leave is indicated			

Staff Name (Last, First): _____ **Year of Birth (Year):** _____

Institution: _____ **State:** _____