EMPLOYEE COVID-19 SCREENING PROTOCOLS QUESTIONNAIRE

(REQUIRED UPON ARRIVING AT AND LEAVING WORK)

Name:	Date: Arriving: Leaving:		
	Arriving:	Leavi	ng:
Do you have any of the following?			
Fever or chills:Yes No	Cough:	Yes	No
Fatigue:Yes No	Headache:		
Sore throat:Yes No			
Nausea or vomiting:Yes No	•		
Congestion or runny nose:Yes No			
Muscle or body aches:Yes No			
New loss of taste or smell:Yes No			
Shortness of breath or difficulty breathing:Yes	No		
If you answered "ves" to any of the questions above y	you cannot he admitt	od to the hui	lding and
If you answered "yes" to any of the questions above, y to return home and immediately contact your Departi		ed to the bui	lding and
	nent Head. NG PROTOCOLS NG AT AND LEAVING Date:	S QUESTIC G WORK)	ONNAIR
EMPLOYEE COVID-19 SCREENI (REQUIRED UPON ARRIVI	nent Head. NG PROTOCOLS NG AT AND LEAVING	S QUESTIC G WORK)	ONNAIR
EMPLOYEE COVID-19 SCREENI (REQUIRED UPON ARRIVE) Name:	NG PROTOCOLS NG AT AND LEAVING Date: Arriving:	G QUESTIC G WORK) Leavi	ONNAIR
EMPLOYEE COVID-19 SCREENI (REQUIRED UPON ARRIVE Name: Do you have any of the following? Fever or chills: Yes No	NG PROTOCOLS NG AT AND LEAVING Date: Arriving: Cough:	G QUESTIC G WORK) Leavi	ONNAIR
EMPLOYEE COVID-19 SCREENI (REQUIRED UPON ARRIVE Name: Do you have any of the following? Fever or chills: Yes No No No Patigue: No	NG PROTOCOLS NG AT AND LEAVING Date: Arriving: Cough: Headache:	G QUESTIC G WORK) Leavin Yes Yes	ONNAIR ng: NoNo
EMPLOYEE COVID-19 SCREENI (REQUIRED UPON ARRIVE Po you have any of the following? Ever or chills:Yes No Fatigue:Yes No Sore throat:Yes No	NG PROTOCOLS NG AT AND LEAVING Date: Arriving: Cough:	G QUESTIC G WORK) Leavi	ONNAIR
EMPLOYEE COVID-19 SCREENI (REQUIRED UPON ARRIVE Po you have any of the following? Ever or chills:Yes No Fatigue:Yes No Sore throat:Yes No Nausea or vomiting:Yes No	NG PROTOCOLS NG AT AND LEAVING Date: Arriving: Cough: Headache:	G QUESTIC G WORK) Leavin Yes Yes	ONNAIR ng: NoNo
EMPLOYEE COVID-19 SCREENI (REQUIRED UPON ARRIVE Poo you have any of the following? Ever or chills:Yes No Fatigue:Yes No Sore throat:Yes No Nausea or vomiting:Yes No Congestion or runny nose:Yes No	NG PROTOCOLS NG AT AND LEAVING Date: Arriving: Cough: Headache:	G QUESTIC G WORK) Leavin Yes Yes	ONNAIR ng: NoNo
EMPLOYEE COVID-19 SCREENI (REQUIRED UPON ARRIVE Name: Po you have any of the following? Ever or chills: Yes No Fatigue: Yes No No Sore throat: Yes No Nausea or vomiting: Yes No Congestion or runny nose: Yes No Muscle or body aches: Yes No No Muscle or body aches: Yes No No No No No No No No No N	NG PROTOCOLS NG AT AND LEAVING Date: Arriving: Cough: Headache:	G QUESTIC G WORK) Leavin Yes Yes	ONNAIR ng: NoNo
EMPLOYEE COVID-19 SCREENI (REQUIRED UPON ARRIVE Name: Do you have any of the following? Fever or chills: Yes No Fatigue: Yes No No No Nausea or vomiting: Yes No Congestion or runny nose: Yes No	NG PROTOCOLS NG AT AND LEAVING Date: Arriving: Cough: Headache: Diarrhea:	G QUESTIC G WORK) Leavin Yes Yes	ONNAIR ng: NoNo

If you answered "yes" to any of the questions above, you cannot be admitted to the building and are directed to return home and immediately contact your Department Head.