Employee /Vendor Covid-19 Screening Questionnaire

NAME: _____ **BUSINESS NAME** _____ **DATE:** _____

REASON for ENTRY: _____ **TIME:**

1. **Have you washed your hands or used alcohol-based hand rub with 60-95% alcohol on entry?**

   ☐ YES

   ☐ No -ask them to do so.

2. **Do you have any of the following symptoms?**

   ☐ Fever of over 100 degrees

   ☐ Flu-like symptoms

   ☐ New Cough or Respiratory Illness

   ☐ Sore Throat

   ☐ New Shortness of Breath or Respiratory Illness

3.

   ☐ Have you travelled within the last 14 days to a COVID-19 epidemic location?

   ☐ Have you been exposed to anyone that has tested positive for COVID-19 or anyone who is being tested for COVID-19 in the past 14 days?

Admitted? YES NO Screener Name: _____