

Health Screen Checklist

Are you currently experiencing, or have you experienced in the past 14 days, any of the following symptoms? (Please take your temperature before you answer this question.)

- Yes No Fever (100.4° F/37.8° C or greater as measured by a thermometer)
- Yes No Cough
- Yes No Shortness of breath or difficulty breathing
- Yes No Sore throat
- Yes No New loss of taste or smell
- Yes No Chills
- Yes No Head or muscle aches
- Yes No Nausea, diarrhea, vomiting

In the past 14 days, have you been in close proximity to anyone who was experiencing any of the above symptoms or has experienced any of the above symptoms since your contact?

- Yes No

In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19?

- Yes No

Have you been tested for COVID-19 and are waiting to receive test results?

- Yes No

Have you have tested positive for COVID-19, or are you presumptively positive for COVID-19 based on your health care provider's assessment or your symptoms?

- Yes No

NOTE: If you have tested positive for COVID-19 or have been presumptively positive for COVID-19 based on your health care provider's assessment or your symptoms, please contact your manager or human resources representative immediately.

In the past 14 days, have you been on a commercial flight or traveled outside of the United States?

- Yes No

In the past 14 days, have you been in close proximity to anyone who has been on a commercial flight or traveled outside of the United States?

- Yes No

If you answered "yes" to any of the foregoing question, please let the receptionist know and do not enter/remain in the office. Employees: notify your supervisor.