

# COVID-19 Staff Member Screening Documentation

Staff Member Name: \_\_\_\_\_

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Initial Daily Staff Member Screening

Has the staff member been diagnosed or exposed to someone diagnosed with COVID-19?  Yes  No

Has the staff member traveled out of the area since their last shift?  Yes  No If yes, where \_\_\_\_\_

Does the staff member or any member of their household have any of the following symptoms (temperature taken by office staff)?

- |  |  |                                      |  |
|--|--|--------------------------------------|--|
| <input type="checkbox"/> Cough                                       | <input type="checkbox"/> Temperature _____° is greater than 100.3° | <input type="checkbox"/> Sore throat | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Difficulty breathing or shortness of breath | <input type="checkbox"/> Chills                                    | <input type="checkbox"/> Muscle pain |  |
|  | <input type="checkbox"/> New loss of taste or smell                | <input type="checkbox"/> Headache    |  |

If the staff member reports any of these symptoms, advise the staff member to call 911 or go to their nearest emergency room:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Blue lips, face, or tongue            | <input type="checkbox"/> Chest Pain or Chest Pressure | <input type="checkbox"/> Difficulty breathing |
| <input type="checkbox"/> Change in alertness or responsiveness | <input type="checkbox"/> Fainting                     | <input type="checkbox"/> None of the above    |

Time: \_\_\_\_\_ Initials of Staff Screener: \_\_\_\_\_

## Interval Staff Member Screening

Current Time	Does the employee exhibit or report any changes to any question in the Initial Daily Screening?	Take and report current temperature below.	Initials of Staff Screener
	<input type="checkbox"/> Yes <input type="checkbox"/> No	°	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	°	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	°	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	°	

*If a staff member reports any changes to initial questions OR reports a temperature greater than 100.3°, he or she should be immediately sent home and CDC guidelines should be followed for appropriate cleaning of the office.*