**Screening Questionnaire COVID-19**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shift: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALL PERSONS (i.e. vendors, family, staff) arriving at a sasi building MUST complete and pass a screening questionnaire BEFORE entering the facility.**

**PLEASE ANSWER ALL QUESTIONS:**

1. Are you under an isolation or quarantine order/directive due to testing positive for Covid-19 in the last 14 days? \_\_\_\_\_ Yes \_\_\_\_\_ No

1. Are you under an isolation or quarantine order/directive due to being a close contact of someone with confirmed Covid-19 in the last 14 days.?

\_\_\_\_Yes \_\_\_\_\_ No

\*Please note close contact does not include individuals who work in a health care setting and are wearing appropriate, required personal protective equipment (PPE).

1. In the last 48 hours have you experienced any of the following symptoms: (**if you have been cleared by a SASI RN to return work, please check NO) OR (if you have not already been cleared by a SASI RN, check YES)**

(cough, sore throat, fever 100. 4 or higher, or chills, nasal congestion or runny nose, shortness of breath or difficulty breathing, nausea or vomiting, Diarrhea, changes in sense of smell/taste, muscle or body ache, headache, fatigue, pink eye, pale, red or blue toes/fingers?

\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_No

***\* If the answer to any of these questions is “Yes” DO NOT ENTER, contact your immediate supervisor. If supervisor is unavailable, notify RN Supervisor on-call 864-2723 for further instruction.***

*Person screened (signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Screener (if present) (signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Supervisor (signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*