

COVID-19 Screening Checklist

Anyone entering any building on campus should be asked the following questions.

1. Do you have a fever, chills, or feel feverish in the past 24 hours?
 - Yes
 - No
 - If YES, obtain and document temperature _____degrees C / F**

2. Do you have any of the following respiratory symptoms?
 - No Symptoms
 - Cough (dry or productive)
 - Shortness of Breath
 - Sore Throat (rare symptoms)
 - Runny Nose (rare symptoms)

3. Have you had close, **unprotected** contact with a **confirmed COVID-19** patient (spent longer than 15 minutes within 6 feet of patient and not wearing a mask)?
 - Yes – Go home immediately and self-isolate for 14 days if asymptomatic
 - No – Continue to next question

4. Have you had close, **unprotected** contact with a **suspected COVID-19** patient with pending results (spent longer than 15 minutes within 6 feet of patient and not wearing a mask)?
 - Yes – Contact your Director and HR immediately
 - No – Continue to next question

5. If you have subjective or documented fever **AND** any of the respiratory symptoms noted above:
 - You will be asked to go home immediately** and self-isolate until you are asymptomatic for 3 days without the use of any medications, and it has been 7 days since the first day of your symptoms (whichever duration is longer). **You must contact your physician immediately.**

6. If you have respiratory symptoms **but** NO subjective or documented temperature:
 - You will be sent home and return once asymptomatic for 3 days without the use of any anti-fever medications, and it has been 7 days since the first day of your symptoms (whichever duration is longer)

7. If you say no to #1, #2, #3, #4 and #5 you can enter, but you must do the following:
 - Wash your hands with soap and water or alcohol-based sanitizer before you start work and frequently throughout the day
 - Practice social distancing, sit or stand at least 6 feet apart from other people, do not shake hands or hug people, and do not share food or drinks
 - Contact the Sports Medicine Staff immediately if you start to feel feverish or have respiratory symptoms

Employee Signature: _____ Date: _____ Time: _____

Printed Name: _____