

COVID-19 SCREENING TOOL

Use this screening tool to evaluate for cough, respiratory symptoms, fever, sore throat, and travel.

ASSESSMENT QUESTIONS:

1. Have you or anyone in your immediate household been exposed to, are being tested for, quarantined, or confirmed to have COVID-19?



NO: PROCEED TO QUESTION #2

YES: CALL MANAGER IMMEDIATELY



2. Have you recently developed a cough or other respiratory symptoms (e.g., cough or shortness of breath)?
3. Has there been a recent onset of fever (100.0° F or higher) or a sore throat?
4. Have you travelled internationally or to a location with a community outbreak of COVID-19 in the past 30days? If Yes; where to and when? (Document travel location and date).

Only if assessment questions #1 and/or #2 responses are “**Yes**” follow the directions below: (Assessment indicates a new onset fever or symptoms of lower respiratory illness)



Ask: In the past **14days** since the first onset of symptoms have you had a history of **EITHER:**

Travel to Any location with sustained community transmission (click on the link)
<https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html>
 China
 Iran
 South Korea
 Europe
 United Kingdom and Ireland:

← **OR** →

Contact with a person known to have confirmed COVID-19 or under investigation for COVID-19.

 Reside in a community where community-based spread of COVID-19 is occurring.

If **EITHER** of these are answered “**Yes**” follow directions below: (Assessment indicates both exposure and illness are present)



ACTION TO TAKE: CLIENTS

Contact your manager
 Contact client’s physician
 Recommend **quarantine on home isolation** resulting from direction from your manager and the provider.

ACTION TO TAKE: EMPLOYEES:

Report symptoms to your supervisor
 Contact your health care provider
 Obtain a physician's statement stating that there is no health exposure risk before returning to work