

COVID-19 SCREENING TOOL

Use this screening tool to evaluate for COVID-19 symptoms and exposure risk.

SYMPTOM AND EXPOSURE SCREENING QUESTIONS

COVID-19 Symptoms	Household Exposure	Community Related Exposure
<p>1. Have you recently developed any of these symptoms?</p> <ul style="list-style-type: none"> ▪ A cough? ▪ Difficulty breathing or shortness of breath? ▪ An elevated temperature or fever (100.0° F or higher)? ▪ New onset of ANY of the following: chills/repeated shaking, sore throat, sudden loss of taste or smell, headache, muscle pain/body aches, unusual tiredness, nausea, or diarrhea? 	<p>2. Have you or anyone in your immediate household been exposed to, are being tested for, quarantined, or confirmed to have COVID-19?</p>	<p>3. Have you had unprotected* close contact with a person confirmed with COVID-19 or with a person with a respiratory illness suspected to have COVID-19?</p>

If **ANY** of these are answered “Yes”

Ask: What is the date the symptoms started and/or date of exposure?



<p>ACTION TO TAKE: CLIENTS Contact your manager. Contact client’s physician. Recommend quarantine/home isolation resulting from the direction of your manager and the provider.</p>	<p>ACTION TO TAKE: EMPLOYEES Report symptoms/exposure/travel** to your manager. Contact your health care provider. Follow quarantine/home isolation requirements directed by your manager. Contact your manager for guidance regarding an appropriate return to work plan.</p>
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*Unprotected close contact: prolonged close contact (within 6 feet) of a person where the nose and mouth were exposed to material potentially infectious.

**Travel Exposure: Employees should notify their manager of any plans to travel outside of the state of Minnesota. Return to work guidance will be provided based on the MDH and CDC’s guidance for travel-associated exposures.