

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

- 1. Have you recently developed any of these symptoms?
 - A cough?
 - Difficulty breathing or shortness of breath?
 - An elevated temperature, a fever (100.0° F or higher), or feeling feverish?
 - 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?

Household Exposure

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

Community Related Exposure

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?

If ANY of these are answered "Yes"

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



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.



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.

pg. 1 05.19.20

^{*}Unprotected close contact: prolonged close contact (within 6 feet) of a person where the nose and mouth were exposed to potentially infectious material. Employees should notify their manager if they are working a second job as a health care worker (e.g. long-term care facilities, transitional care units, COVID-19 units, or hospitals).

^{**}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.