



COVID-19 SCREENING CHECKLIST

EMPLOYEES NAME: _____

DATE: _____

SUPERVISOR NAME: _____

1. HAVE YOU WASH YOUR HANDS OR USED ALCOHOL-BASED HAND RUB SANITIZER BEFORE ENTERING THE FACILITY

☐ YES

☐ NO-PLEASE ASK THEM TO DO SO

2. HAVE YOU HAD ANY OF THE FOLLOWING RESPIRATORY SYMPTOMS?

☐ COUGH

☐ SHORTNESS OF BREATH

OR AT LEAST TWO OF THESE SYMPTOMS

☐ FEVER

☐ REPEATED SHAKING WITH CHILLS

☐ HEADACHE

☐ NEW LOSS TEST OR SMELL

☐ DIARRHEA

☐ CHILLS

☐ MUSCLE PAIN

☐ SORE THROAT

☐ VOMITING

☐ IF YES TO ANY, RESTRICT STAFF FROM GOING TO WORK, AND REPORT TO 401-465-4286 IMMEDIATELY

IF NO TO ALL, PROCEED TO QUESTION 3

3. CHECK TEMPERATURE AND DOCUMENT RESULTS - _____ F _____ C

TEMPERATURE ABOVE 98.6 F (37 C)

☐ YES

☐ NO

☐ IF YES TO ANY, RESTRICT STAFF FROM GOING TO WORK, AND REPORT TO 401-465-4286 IMMEDIATELY

IF NO, PROCEED TO QUESTION 3B.

3B. HAVE YOU WORK IN FACILITIES OR LOCATIONS WITH RECOGNIZE COVID-19 CASES? OR HAVE YOU BEEN WITH A PERSON(S) WITH CONFIRMED COVID-19?

☐ YES ☐ NO

☐ IF YES TO ANY, RESTRICT STAFF FROM GOING TO WORK, AND REPORT TO 401-465-4286 IMMEDIATELY

4. STAFF WEARING PROPER PPE (FACE MASK, AND GLOVES) BEFORE ENTERING CUSTOMERS FACILITIES?

☐ YES ☐ NO-PLEASE ASK THEM TO DO SO

