

## Phase Two Coronavirus 2019 (COVID-19): Sample Health Screening Tool

This document is intended for workplaces and establishments as they implement COVID-19 screening procedures as a universal safeguard to help keep employees, visitors, and patrons safe. The questions on the **Sample Health Screening Tools** are designed to help determine whether an individual should refrain from entering a workplace or establishment based on the presence or absence of possible COVID-19 symptoms or recent exposure to COVID-19. For more information about health screening recommendations for specific settings, please refer to the Phase Two guidance documents available at [coronavirus.dc.gov/phasetwo](https://coronavirus.dc.gov/phasetwo).

### **Implementation Considerations**

**Sample Health Screening Tools are included on Page 2 & 4 of this document.** Example #1 is for general use, example #2 is for healthcare facilities. Establishments may adapt this tool for their use. Please also consider the following information when developing and implementing a screening process for employees and/or visitors/patrons at your establishment/facility.

#### **General Use (Non-Healthcare Settings):**

- **Who should be screened?**
  - For most establishments, it is recommended that all employees and staff complete a health screening questionnaire. Depending on your setting and offered services, patrons *may* be recommended to complete the screening as well.
  - Refer to the Phase Two guidance documents for more information about screening recommendations in specific settings [coronavirus.dc.gov/phasetwo](https://coronavirus.dc.gov/phasetwo).
- **When should screening occur?**
  - When screening is indicated, it should be conducted prior to an individual entering an establishment. For example, an employee would complete the screening prior to the start of each shift.
- **How should screening be conducted?**
  - Conduct the screening in a format that makes sense for your establishment (e.g., in-person, over the phone, via an automated phone line, electronic survey, etc.). It should include specific questions to help identify if an individual is reporting a recent diagnosis, possible symptoms of, or exposure to COVID-19.
  - Active temperature screening, if done, should be a part of a screening process, and performed by trained staff with appropriate protective measures following the CDC guidelines. More information can be found at [cdc.gov/coronavirus/2019-ncov/community/general-business-faq.html](https://cdc.gov/coronavirus/2019-ncov/community/general-business-faq.html).
- If an individual reports a recent diagnosis, possible symptoms of, or exposure to COVID-19 the individual **should not enter the establishment.**
- **Stay up-to-date** about possible symptoms of COVID-19 by regularly checking the Centers for Disease Control and Prevention (CDC) website: [cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html](https://cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html).
- **Update the health screening questionnaire** as more information becomes available.
- Remember it is important to use health screening tools in conjunction with other universal safeguards, such as social distancing, the use of cloth face coverings or masks, appropriate cleaning and disinfection, and staying at home when feeling unwell.

#### **Healthcare Settings:**

- Patients and residents of healthcare facilities may be particularly susceptible to COVID-19 infection. Due to the increased risk of transmitting the SARS-CoV-2 virus to these vulnerable populations, implementation for healthcare facilities includes additional considerations and requirements.
- For complete guidance on screening specific to the healthcare setting, please see *Guidance for Screening in Healthcare Facilities* at [coronavirus.dc.gov/healthguidance](https://coronavirus.dc.gov/healthguidance).

**EXAMPLE #1 – GENERAL USE**

**Coronavirus 2019 (COVID-19) Health Screening Questionnaire**

As part of our efforts to keep all employees, visitors, and patrons safe, we ask that you please complete the following health screening questionnaire prior to entering the premises.

**Instructions: Please fill in the following information.**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Instructions: Please select either “YES or “NO” to each question below.**

**NOTE: If an individual answers “YES” to Questions 1-5, or 7 if applicable, the individual should not visit or report to the establishment. The individual should be advised to leave and to contact their healthcare provider for further evaluation if needed.**

1. Have you felt like you had a fever\*\*\* in the past day?  No  Yes

\*\*\* You can also ask employees to report their measured temperature if employees are able to measure their temperature at home.

2. Do you have a new or worsening cough today?  No  Yes

3. Do you have any of these other symptoms today?

a. Shortness of breath or difficulty breathing  No  Yes

b. Fatigue  No  Yes

c. Muscle or Body aches  No  Yes

d. Headache  No  Yes

e. New loss of taste or smell  No  Yes

f. Sore throat  No  Yes

g. Congestion or runny nose  No  Yes

h. Nausea or vomiting  No  Yes

i. Diarrhea  No  Yes

4. Have you been tested for COVID-19, and are still awaiting test results?  No  Yes

5. Have you tested positive for COVID-19 in the last 10 days?  No  Yes

6. Are either of the following true?

- Have you been fully vaccinated against COVID-19<sup>1</sup>?

OR

- Have you tested positive for COVID-19 within the last 90 days?  No  Yes\*

**\*If the answer to Questions 6 is yes, skip question 7.**

7. Have you been exposed to someone with COVID-19 in the last 14 days?  No  Yes

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<sup>1</sup> **Fully Vaccinated:** An individual is considered fully vaccinated 14 days after completion of a COVID-19 vaccination series (after the second dose of a 2-dose series, or after one dose of a single-dose vaccine). More information can be found in Guidance for Quarantine after COVID-19 exposure at [coronavirus.dc.gov/healthguidance](https://coronavirus.dc.gov/healthguidance).

**EXAMPLE #2 – HEALTHCARE FACILITY USE**

**Coronavirus 2019 (COVID-19) Health Screening Questionnaire**

As part of our efforts to keep all employees, visitors, and patrons safe, we ask that you please complete the following health screening questionnaire prior to entering the premises.

**Instructions: Please fill in the following information.**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Instructions: Please select either “YES or “NO” to each question below.**

**NOTE: If an individual answers “YES” to Questions 1-6, when applicable, the individual should not visit or report to the establishment. The individual should be advised to leave and to contact their healthcare provider for further evaluation.**

1. Have you felt like you had a fever\*\*\* in the past day?  No  Yes

\*\*\* You can also ask employees to report their measured temperature if employees are able to measure their temperature at home.

2. Do you have a new or worsening cough today?  No  Yes

3. Do you have any of these other symptoms today?

a. Shortness of breath or difficulty breathing  No  Yes

b. Fatigue  No  Yes

c. Muscle or Body aches  No  Yes

d. Headache  No  Yes

e. New loss of taste or smell  No  Yes

f. Sore throat  No  Yes

g. Congestion or runny nose  No  Yes

h. Nausea or vomiting  No  Yes

i. Diarrhea  No  Yes

4. Have you been tested for COVID-19, and are still awaiting test results?  No  Yes **(VISITORS ONLY)**

5. Have you tested positive for COVID-19 in the last 10 days?  No  Yes

6. Have you been exposed to someone with COVID-19 in the last 14 days?  No  Yes

7. Are either of the following true? (STAFF ONLY)

- Have you been fully vaccinated against COVID-19<sup>2</sup>?

OR

- Have you tested positive for COVID-19 within the last 90 days?  No  Yes\*

**\*If the answer to Question 7 is yes, Question 6 does not apply.**

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<sup>2</sup> **Fully Vaccinated:** An individual is considered fully vaccinated 14 days after completion of a COVID-19 vaccination series (after the second dose of a 2-dose series, or after one dose of a single-dose vaccine). More information can be found in Guidance for Quarantine after COVID-19 exposure at [coronavirus.dc.gov/healthguidance](https://coronavirus.dc.gov/healthguidance).