

Coronavirus 2019 (COVID-19): Sample Health Screening Questionnaire

This document provides examples for workplaces and establishments to use if they implement COVID-19 screening procedures. The questions on the **Sample Health Screening Questionnaires** are designed to help determine whether an individual should or should not enter a workplace or establishment based on the presence or absence of possible COVID-19 symptoms or recent exposure to or diagnosis of COVID-19.

Considerations for implementation

Sample Health Screening Questionnaires are included on Page 3 & 5 of this document. Example #1 is for general use and Example #2 is for healthcare facilities. **Examples may not account for every situation.** Establishments may adapt these questionnaires as necessary in accordance with DC Health guidance for their setting. Please also consider the following information when developing and implementing a screening process at your facility.

General use (Non-healthcare settings):

- **Who should be screened?**
 - Businesses and community establishments can consider screening employees and patrons for symptoms, but this may have a limited effect as the virus that causes COVID-19 can also be spread by people who are not showing symptoms.
 - Correctional facilities and homeless shelters should continue screening procedures as outlined in guidance for these settings at coronavirus.dc.gov/healthguidance.
- **When should screening occur?**
 - Screening can be done either by attestation before arrival or on-site at a checkpoint near the entrance to the facility.
 - If employee screening is done, employees should complete the screening prior to the beginning 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 is generally not recommended.
- If a person reports a recent diagnosis of COVID-19 and has not met criteria to leave isolation, or reports symptoms of COVID-19, **they must not enter the establishment.** More information on isolation can be found in *Guidance for Isolation: People who test Positive for COVID-19 and Their Household Members* at coronavirus.dc.gov/healthguidance.
- If a person reports exposure to COVID-19, meets quarantine criteria, and has **not** met criteria to leave quarantine, they **must not enter the establishment.** More information on quarantine can be found in *Guidance for Close Contacts of a Person Confirmed to have COVID-19: Quarantine and Testing* at coronavirus.dc.gov/healthguidance.
 - **For Non-Healthcare settings ONLY:** The following categories of people who have been exposed to COVID-19 do not need to quarantine and do not need to be prevented from entering an establishment:
 - People who are up to date¹ with their COVID-19 vaccine
AND
 - People with a history of COVID-19 infection (and recovery) in the past 90 days
- Health screening questionnaire should be reviewed regularly and updated as needed.

¹ A person is considered up to date after they have received all recommended doses of the COVID-19 vaccine, including booster doses as applicable. For detailed information about staying up to date on your COVID-19 vaccine, see cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html.

- Health screening questionnaires should be used in conjunction with other layered prevention measures, such as mask use, physical distancing, staying home when sick, ventilation, and appropriate cleaning and disinfection.

Healthcare facilities:

- Patients and residents of healthcare facilities are a higher risk population that is more vulnerable to COVID-19 infection and outbreaks. Because of this, implementation of screening questionnaires in healthcare facilities warrants additional considerations and requirements.
- **ALL** individuals entering a healthcare facility must be screened for symptoms of COVID-19 infection regardless of vaccination status or personal history of COVID-19.
- **Visitors** who report exposure to COVID-19 in the past 14 days, **must not enter a healthcare facility (regardless of vaccination status or personal history of COVID-19).**
- **Staff** work restrictions after exposure can be found in ***Guidance for Healthcare Personnel Monitoring, Restriction, and Return to Work*** at coronavirus.dc.gov/healthguidance.
- For complete guidance on screening specific to the healthcare setting, please see *Guidance for Screening in Healthcare Facilities* at 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 a person answers “YES” to Questions 1-5 or 8-9, if applicable, they should not visit or report for work at the establishment. They 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
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. Chills No Yes
 - c. Unexplained tiredness No Yes
 - d. Muscle or Body aches No Yes
 - e. Headache No Yes
 - f. New loss of taste or smell No Yes
 - g. Sore throat No Yes
 - h. Congestion or runny nose No Yes
 - i. Nausea or vomiting No Yes
 - j. Diarrhea No Yes
4. Are you still in your isolation period after a positive COVID-19 test result? No Yes
(Note: Isolation is generally 10 days or 5 days with a negative COVID-19 test result)

5. Have you been recently tested for COVID-19 due to symptoms and are still awaiting test results? No Yes
6. Are you up to date on your COVID-19 vaccine? No Yes
*A person is considered **up to date** after they have received all recommended doses of the COVID-19 vaccine, including booster doses as applicable.*
If answer is “**NO**”, go to question 7
If answer is “**YES**”, **STOP HERE → Screening Complete**
7. Have you tested positive for COVID-19 within the last 3 months? No Yes
If answer is “**NO**”, go to question 8
If answer is “**YES**”, **STOP HERE → Screening Complete**
8. Are you in a quarantine period after exposure to someone with COVID-19? No Yes
(Note: Quarantine is generally 10 days or 5 days with a negative COVID-19 test result)
9. Has it been less than 10 days (or 7 days with a negative test result) since you returned from domestic (i.e., outside DC, MD, VA) or international travel **AND** you are not up to date on the COVID-19 vaccine? No Yes

EXAMPLE #2 – HEALTHCARE FACILITY USE
Coronavirus 2019 (COVID-19) Health Screening Questionnaire

As part of our efforts to keep all employees, patients, and visitors 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 a person answers “YES” to Questions 1-6, or 9-11 if applicable, they should not visit or report for work at the establishment. They 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? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 2. Do you have a new or worsening cough today? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 3. Do you have any of these other symptoms today ² ? | | |
| a. Shortness of breath or difficulty breathing | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| b. Chills | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| c. Unexplained tiredness | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| d. Muscle or Body aches | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| e. Headache | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| f. New loss of taste or smell | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| g. Sore throat | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| h. Congestion or runny nose | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| i. Nausea or vomiting | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| j. Diarrhea | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

² Staff who have met DC Health criteria for return to work should only answer “YES” to new and worsening symptoms.

4. **STAFF ONLY: (Visitors go to Question 5)** Are you still in your isolation period after testing positive for COVID-19? (Note: Isolation for healthcare staff is generally 10 days or 7 days³ with a negative COVID-19 test) No Yes
5. **Visitors:** Has it been less than 10 days since you tested positive for COVID-19? No Yes
6. Have you been recently tested for COVID-19 due to symptoms and are still awaiting test results? No Yes
7. **STAFF ONLY: (Visitors go to Question 10)**
Are you up to date on your COVID-19 vaccine? No Yes
*A person is considered **up to date** after they have received all recommended doses of the COVID-19 vaccine, including booster doses as applicable.*
If answer is “**NO**”, go to question 8
If answer is “**YES**”, **STOP HERE → Screening Complete**
8. **STAFF ONLY:**
Have you tested positive for COVID-19 within the last 3 months? No Yes
If answer is “**NO**”, go to question 9
If answer is “**YES**”, **STOP HERE → Screening Complete**
9. **STAFF ONLY:** Are you still under quarantine/work restriction after a high-risk exposure to someone with COVID-19? (Note: Quarantine/work restriction for healthcare staff is generally 10 days or 7 days with a negative COVID-19 test). No Yes
10. Have you been exposed to someone with COVID-19 in the past 14 days? No Yes
11. Has it been less than 10 days (or 7 days with a negative test result) since you returned from domestic (i.e., outside DC, MD, VA) or international travel **AND** you are not up to date on the COVID-19 vaccine? No Yes

³ Facilities **must** ensure staff meet qualification criteria for a reduced isolation period. Detailed guidance can be found in **Guidance for Healthcare Personnel Monitoring, Restriction, and Return to Work** AND **Guidance for Screening in the Healthcare Setting** at coronavirus.dc.gov/healthguidance.