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

This document provides an example for workplaces and establishments if they implement COVID-19 screening procedures. 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.

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 at your business/facility.

General use (Non-Healthcare settings):

- **Who should be screened?**
  - Businesses can consider screening employees 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.
- **When should screening occur?**
  - If screening is done, an employee should complete the screening prior to the beginning of each shift.
  - Screening can be done either by attestation before arrival or on-site at a checkpoint near the entrance to the facility.
- **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 or symptoms of COVID-19**, they must not enter the establishment.**
- If a person reports exposure to COVID-19 in the past 14 days, they **must not enter the establishment**, and should quarantine.
  - **Exception**: Fully vaccinated[1] people AND people with a history of COVID-19 infection (and recovery) in the past 90 days who have been exposed **and** do not have symptoms of COVID-19 are not required to quarantine and do not need to be prevented from entering an 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.
- **Update the health screening questionnaire** as more information becomes available.
- Health screening tools should be used in conjunction with other layered prevention measures, such as mask use, social distancing, staying home when sick, and appropriate cleaning and disinfection.

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.
- **ALL** individuals entering a healthcare facility must be screened for signs and symptoms of COVID-19 infection regardless of vaccination status.
- For complete guidance on screening specific to the healthcare setting, please see *Guidance for Screening in Healthcare Facilities* at coronavirus.dc.gov/healthguidance.

[1] A person is considered fully vaccinated 14 days after receiving the last dose of a COVID-19 vaccination series (after the second dose of a 2-dose series, or after one dose of a single-dose vaccine).

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. Have you tested positive for COVID-19 in the last 10 days? ☐ No ☐ Yes
5. Have you been recently tested for COVID-19 due to symptoms and are still awaiting test results? ☐ No ☐ Yes

6. Are you fully vaccinated for COVID-19? ☐ No ☐ Yes
   *People are 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.)*
   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. Have you been exposed to someone with COVID-19 in the past 14 days? ☐ No ☐ Yes

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? ☐ 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 1-5, 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. Have you tested positive for COVID-19 in the last 10 days? ☐ No ☐ Yes
5. Have you been recently tested for COVID-19 due to symptoms and are still awaiting test results? ☐ No ☐ Yes

6. Are you fully vaccinated against COVID-19? **(STAFF ONLY-Visitors go to Question 8)** ☐ No ☐ Yes

   *People are 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.)*
   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? **(STAFF ONLY)** ☐ No ☐ Yes
   If answer is **"NO"**, go to question 8
   If answer is **"YES"**, **STOP HERE → Screening Complete**

8. Have you been exposed to someone with COVID-19 in the past 14 days? ☐ No ☐ Yes

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 fully vaccinated? ☐ No ☐ Yes