

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 Tool** (Page 2) 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. **This tool is not to be used for medical diagnosis purposes and is not for use in healthcare settings.** For more information about health screening recommendations pertinent to specific settings, please refer to the Phase Two guidance documents available at <https://coronavirus.dc.gov/phasetwo>.

Implementation Considerations

A Sample Health Screening Tool is included on Page 2 of this document. Establishments may use or adapt this tool for their use. Please also consider the following information when developing and implementing a screening process for employees and/or patrons at your establishment.

- **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 <https://coronavirus.dc.gov/phasetwo>.
- **When should screening occur?**
 - The screening 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.
 - It can be a questionnaire, with specific questions to help identify if an individual is reporting possible symptoms of COVID-19 or recent exposure to COVID-19.
 - The questionnaire may be administered in various formats (e.g., in-person, over the phone, via an automated phone line, electronic survey, etc.).
 - Active temperature screening, if done, should be performed as part of the screening questionnaire, and by a trained professional following the CDC guidelines. More information can be found at <https://www.cdc.gov/coronavirus/2019-ncov/community/general-business-faq.html>.
- If an individual reports possible COVID-19 symptoms, or recent exposure (within the last 14 days) to a person with COVID-19, instruct the individual to **notify the appropriate contact and leave the establishment**. They should contact their healthcare provider for further evaluation.
- **Stay up-to-date** about possible symptoms of COVID-19 by regularly checking the Centers for Disease Control and Prevention (CDC) website: <https://www.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.

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 any of the screening questions below, 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 been exposed to someone with COVID-19 in the last 14 days? No Yes
 2. 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.
3. Do you have a new or worsening cough today? No Yes
 4. 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