

COVID-19 Screening Checklist

All visitors entering the building should be asked the following questions

1. Do you have fever, chills, or have felt feverish in the past 24 hours?
 - Yes
 - No
 - If YES, obtain and document temperature _____ degrees C/F

2. Do you have any of the following respiratory symptoms?
 - No symptoms
 - Cough (Productive or Dry)
 - Shortness of breath
 - Sore throat (rare symptoms)
 - Runny nose (rare symptoms)

3. Have you had close, **unprotected** contact with a **confirmed COVID-19** patient (spent longer than 15 minutes within 6 feet of a patient and not wearing a mask)?
 - Yes- Go home immediately and self - isolate for 14 days if asymptomatic
 - No- Continue to next question

4. Have you had close, **unprotected** contact with a **suspected COVID-19** patient with pending results (spent longer than 15 minutes within 6 feet of patient and not wearing a mask)?
 - Yes- Go home immediately and self- isolate for 14 days if asymptomatic
 - No- Continue to next question

5. If you have subjective or documented fever AND any of the respiratory systems noted above:
 - Go home immediately and contact you physician

6. If you have respiratory symptoms But NO subjective or documented temperature
 - Go home immediately and contact you physician

7. As a reminder:
 - Wash your hands with soap and water frequently throughout the day
 - Practice social distancing, workout at least 6ft from people and do not shake hands or hug them
 - Avoid touching your face

Print Name: _____

Date: _____

Members Signature: _____

Time: _____