

SCREENING TOOL FOR EMPLOYEES AND VISITORS ENTERING
STATE FACILITIES DURING THE COVID-19 PANDEMIC



You are required to conduct the health survey prior to entering this facility to verify that you do not have symptoms of a respiratory illness. If you answer “yes” to any of the questions, you are prohibited from entering this facility. By entering this facility, you are certifying that you have answered “no” to each of the questions listed below.

In the past 14 days have you had close contact with a person confirmed to have COVID-19?	Yes	No
Today or in the past 24 hours have you had any of the following symptoms?		
Cough	Yes	No
Shortness of Breath or Difficulty Breathing	Yes	No
Fever (> 100.4°F / 38°C) or felt feverish	Yes	No
Chills	Yes	No
Muscle Pain	Yes	No
Sore Throat	Yes	No
New loss of taste or smell	Yes	No