

**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 ⁽¹⁾ 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?		
Fever (100.4°F / 38°C or above) or felt feverish	Yes	No
Cough	Yes	No
Shortness of breath or difficulty breathing	Yes	No
Fatigue	Yes	No
Muscle or body aches	Yes	No
Headache	Yes	No
New loss of taste or smell	Yes	No
Sore Throat	Yes	No
Congestion or runny nose	Yes	No
Nausea or vomiting	Yes	No
Diarrhea	Yes	No

⁽¹⁾15 minutes within 6 feet of a known COVID-19 infected individual.