

COVID-19 Staff Screening Tool

	Please ansv	wer the followin	ig questions pri	or to reporting	to your post:	
					YES	NO
Have you	had a fever greate	er than 100° F with	in the past 14 day	s?		
Have you had a cough or shortness of breath within the past 14 days?						
Have you had nausea, vomiting or diarrhea within the past 14 days?						
Have you had chills, body aches, headache, fatigue, or loss of taste or smell within the last 14 days?						
Have you had pneumonia or the flu within the past 14 days?						
Have you had direct contact (inside of 6 ft for 15 minutes or more) with anyone who has lab confirmed Coronavirus within 14 days of symptom onset?						
Do you currently work outside of ROP? If yes, where:						
	Have you traveled to any other States within the past 14 days?					
If yes, wh	ere:	ase Initial <u>Dail</u>	<u>y</u> If There Are	No Changes 1		_
FOR WEE	ere: EKLY USE: Ple sponded "yes" t	ase Initial <u>Dail</u> to any of the abo before	ly If There Are ove questions, e entering the p	<u>No</u> Changes 1 please inform y rogram	o Your Initial our Immediate	Responses Supervisor
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