

RITE OF PASSAGE

IMPROVING THE LIVES OF YOUTH

COVID-19 Staff Screening Tool

Staff Name: _____

Date: _____

Please answer the following questions prior to reporting to your post:

	YES	NO
Have you had a fever greater than 100° F within the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a cough or shortness of breath within the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had nausea, vomiting or diarrhea within the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had chills, body aches, headache, fatigue, or loss of taste or smell within the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had pneumonia or the flu within the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently work outside of ROP? If yes, where: _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you traveled to any other States within the past 14 days? If yes, where: _____	<input type="checkbox"/>	<input type="checkbox"/>

FOR WEEKLY USE: Please Initial Daily If There Are No Changes To Your Initial Responses

If you responded "yes" to any of the above questions, please inform your Immediate Supervisor before entering the program

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____

Record temperature readings for each day worked.

Arrival temperatures are to be taken prior to the employee entering into the secured area.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
_____ °F Arrive	_____ °F Arrive	_____ °F Arrive	_____ °F Arrive	_____ °F Arrive	_____ °F Arrive	_____ °F Arrive
_____ °F Depart	_____ °F Depart	_____ °F Depart	_____ °F Depart	_____ °F Depart	_____ °F Depart	_____ °F Depart

By signing I attest all my responses to be accurate to the best of my knowledge.

Signature of Staff: _____

Date: _____