



Active Screening Questionnaire

Name _____ Date _____ Department _____

Your health and well-being are of the utmost importance and we are taking measures to keep the facility/office a safe environment for employees as well as the individuals under our charge and the public. Therefore, anyone coming into the facility/office will be screened by asking the following questions.

1. Within the last 14-days, have you experienced a new cough that you cannot attribute to another health condition?

YES

NO

2. Within the last 14-days, have you experienced new shortness of breath that you cannot attribute to another health condition?

YES

NO

3. Within the last 14-days, have you experienced a new sore throat that you cannot attribute to another health condition?

YES

NO

4. Within the last 14-days, have you experienced new muscle aches that you cannot attribute to another health condition or a specific activity such as physical exercise?

YES

NO

5. Within the last 14-days, have you had a temperature at or above 100.4° or the sense of having a fever?

YES

NO

6. Within the last 14 days, have you had close contact, without the use of appropriate PPE, with someone who is currently sick with suspected or confirmed COVID-19?* (*Note: Close contact is defined as within 6 feet for more than 15 consecutive minutes*)

YES

NO

If the individual answers YES to any of the questions they will not be allowed into the facility/office