Screening Questionnaire – COVID-19 (Coronavirus)

Questions asked at initial screening:

Name: ___________________________       Date: ___________________________

Please circle the appropriate responses.

1. Do you currently have symptoms of a respiratory infection?
   a. NO
   b. YES. – (If so, please indicate your symptoms)
      Fever      Shortness of breath       Cough       Sore throat       Loss of Smell       Loss of Appetite

2. Have you traveled outside this area (surrounding counties) within the past 10 days?
   a. NO
   b. YES – (If YES, When? and Where?)

      ________________________________________________________________

      ________________________________________________________________

3. Have you been exposed to someone who has tested positive or diagnosed with COVID-19?
   a. NO
   b. YES – (If YES, When? and Where?)

      ________________________________________________________________

Provider Recommendations (circle one):

Work       Do Not Work
Disclaimer

This is an example of some potential information that may be useful for an Essential Business (as defined under the applicable local, state, or federal law) to consider having in place with regard to COVID-19 planning, procedures, and mitigation steps, etc. This document and the information provided herein does not, and is not intended to, constitute legal advice; instead, all information, content, and materials herein are for general informational purposes only. Information in this document may not constitute the most up-to-date legal or other information. Additionally, information provided herein is not intended to be exhaustive or to satisfy all applicable laws, regulations, and recommended practices.

Readers of this document should contact experts to obtain advice with respect to any particular pandemic matter. No reader or user of this document should act or refrain from acting on the basis of information on this document without first seeking legal advice from counsel in the relevant jurisdiction. Only your individual attorney and/or experts can provide assurances that the information contained herein – and your interpretation of it – is applicable or appropriate to your particular business or situation.

All liability with respect to actions taken or not taken based on the contents of this document are hereby expressly disclaimed. The content in this document is provided "as is;" no representations are made that the content is error-free.

Readers of this document should follow all governmental, CDC, WHO, or other applicable rules and guidelines.

Additionally, employers should comply with all relevant local, state, and federal labor laws, medical records laws, e.g., HIPAA, etc., and all other relevant laws and regulations.