

Employee Screening Tool – FIT FOR DUTY

DATE OF SCREENING: _____

TIME OF SCREENING: _____

NAME OF SCREENER: _____

SIGNATURE OF SCREENER: _____

NAME OF EMPLOYEE: _____

SIGNATURE OF EMPLOYEE: _____

TEMP (coming on shift): _____

SCREENING QUESTION	YES	NO	DECISION FOR ENTRY
Have you tested positive for COVID-19? • If YES, when was that test done? _____			If YES and it has been fewer than 2 weeks ago - STOP, please see IP for direction.
SCREENING QUESTION	YES	NO	DECISION FOR ENTRY
Have you had close contact with someone who has tested positive for COVID-19 within the past 14 days WITHOUT wearing proper PPE?			If YES - STOP, please see IP for direction.
SCREENING QUESTION	YES	NO	DECISION FOR ENTRY
Are you currently ill?			If YES - STOP, please see IP for direction.
SCREENING QUESTION	YES	NO	DECISION FOR ENTRY
Do you have symptoms of a cold, cough, shortness of breath or temporarily lost your sense of taste or smell? Do you have symptoms of nausea/vomiting or diarrhea?			If YES - STOP, please see IP for direction.
SCREENING QUESTION	YES	NO	DECISION FOR ENTRY
Do you currently have a fever, or have you had a fever or felt like you had a fever in the past 24 hours without taking fever reducing medications?			If YES - STOP, please see IP for direction.
SCREENING QUESTION	YES	NO	DECISION FOR ENTRY
Do you live with someone who is in quarantine due to a COVID-19 exposure? (Are you taking proper precautions for this such as not sharing bedroom, bathroom, food drinks, wearing masks if less than 6 feet of each other during quarantine time of 14 days).			If YES - STOP, please see IP for direction.
SCREENING QUESTION	YES	NO	DECISION FOR ENTRY
Have you traveled in the last fourteen days that potentially exposed you to any close contact with someone who was diagnosed with COVID-19 or had symptoms of COVID-19?			If YES- Answer the next question. If NO- Skip the next question.
Have you been fully vaccinated?			If NO - STOP, please see IP for direction.

IF YOU ARE FEELING ILL, YOU SHOULD NOT REPORT FOR DUTY

This information serves as an informative in-service education for the employee on the screening questions for COVID-19. It is the responsibility of every employee to notify the facility of any signs/symptoms of illness as noted above, or any contact/exposure to a confirmed COVID-19 case. Any questions regarding this education training should be discussed with the Facility Infection Preventionist (IP) or Facility Management. Ongoing monitoring will be done per state and federal guidance.