

Employee Screening Tool – FIT FOR DUTY

For Fully Vaccinated Employees Only

ARE YOU FULLY VACCINATED? (Two weeks after completing both shots of the two-shot series OR completed the single shot of Johnson and Johnson vaccine): **YES/ NO**

If not fully vaccinated, please use the other employee screening tool.

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
Are you currently ill?			If YES - STOP, please see IP for direction.
SCREENING QUESTION	YES	NO	DECISION FOR ENTRY
Do you have symptoms of fever, 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.

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.