CORONAVIRUS DISEASE 2019 (COVID-19) STAFF SCREENING TOOL

1. Assess the Risk Of Exposure	
☐ Yes ☐ No	Traveled from, or through, any of the locations identified by the CDC as increasing epidemiologic risk within the last 14 days? Link to CDC Criteria
☐ Yes ☐ No	Had close contact with anyone diagnosed with the COVID-19 illness within the last 14 days?
☐ Yes ☐ No	Deployed for COVID-19 response and back from deployment within the last 14 days?

If the answer to ALL the above risk of exposure questions is NO, then STOP here.
If the answer to ANY of the above risk of exposure questions is YES, then assess symptoms in step 2 and proceed to step 3.

2. Assess Symptoms		Date of Onset:
☐ Yes ☐ No	**Fever** (*Fever may not be present in some patients, such as elderly, immunosuppressed, or taking certain medications. Fever may be subjective or objective).*	
☐ Yes ☐ No	**Cough**	
☐ Yes ☐ No	**Shortness of Breath (SOB)**	

3. Contact Central Office

If the staff member answers Yes to either question in section 1 (exposure risk), contact [redacted]

Staff Name (Last, First): _____, Date of Birth (mmddyyyy): _____

Institution: _____