



Coronavirus (COVID-19) **NON-VACCINATED EMPLOYEE** Signs & Symptoms Screening

Name: _____

Date: _____

Best Contact Number: (_____) _____

- 1) Did you or someone you are in close contact with have congregate travel (i.e. airplane, train, cruise boat, etc.) in the last 14 days?

YES NO (skip to #2)

If YES, you must be PCR tested 5-7 days after you or your close contact completed congregate travel. Please coordinate your test date and time with your Executive Director. As a non-vaccinated employee, you must continue to wear a N95 covered by either a surgical mask or face shield. Failure to comply may result in disciplinary action up to and including termination.

- 2) Have you or someone you are in close contact with tested positive for COVID-19 in the last 14 days?

YES NO

If YES, you are restricted from entering until a negative COVID-19 PCR test result can be obtained after 5-7 days from your last day of exposure.

- 3) Are you experiencing any of the following symptoms:

- a. Cough YES NO
b. Shortness of breath or difficulty breathing YES NO
c. Fever or chills (current temperature is: _____) YES NO

**fever is considered 99.5 degrees or above*

Also, please list any medications taken within the last 24 hours that may lower your temperature (Tylenol, NSAIDs, Aspirin or any cold medications):

- _____
- d. Fatigue YES NO
e. Muscle or body aches YES NO
f. Headache YES NO
g. Sore throat YES NO
h. Congestion or runny nose YES NO
i. Nausea or vomiting YES NO
j. Diarrhea YES NO
k. New loss of taste or smell YES NO

If YES to any, a rapid Abbott COVID-19 test may be administered (as available). Regardless of the rapid test results, you are restricted from entering until a negative COVID-19 PCR test result can be obtained.

MUST Complete Reverse Side

4) Have you used hand sanitizer upon entering the community?

YES NO

Agreement of Understanding

By signing below, I hereby certify that:

- All my answers and statements in this Signs & Symptoms Screening & Acknowledgement are true to the best of my knowledge and belief;
- I will adhere to the COVID-19 testing guidelines set forth by Cedarhurst, State, and/or County Health Department;
- I will continuously wear an N95 respirator, covered by a surgical mask and/or face shield, and all additional PPE that be required by Cedarhurst from time to time to care for persons on isolation precautions as part of his/her daily uniform. The N95 respirator and surgical mask may be temporarily removed to drink and eat provided that the employee does so with social distancing of at least 6 feet from others and uses proper hand hygiene.
- I will comply with proper infection control measures, **including wearing of a N95 mask covered by a surgical mask or face shield as directed**, practicing physical distancing, and handwashing and cough etiquette,
- Failure to follow the above may result in disciplinary action up to and including termination.

Employee Signature

Date: _____

Employee Printed Name

Cedarhurst Screener Signature

Date: _____

Cedarhurst Screener Printed Name