



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

All persons 15 yrs. or under are RESTRICTED from entering the Community.

Name: _____ Date: _____

Best Contact Number: (_____) _____

- 1) Did you or someone you are in close contact with had congregate travel (i.e. airplane, train, cruise boat, etc.) in the last 14 days (*effective March 16, 2020*)? YES NO

If YES, you are restricted from entering for a minimum of 14 days after you or your close contact returned and are confirmed as not having any signs or symptoms of the Coronavirus (COVID-19) for at least 72 hours.

- 2) Have you or someone you are in close contact with tested positive for the Coronavirus in the last 14 days? YES NO

If YES, you are restricted from entering for a minimum of 14 days after you or your close contact are no longer positive for the Coronavirus (COVID-19) and are free from any signs or symptoms of the Coronavirus (COVID-19) for at least 72 hours.

- 3) Are you experiencing any of the following symptoms: YES NO

a. Fever (*current temperature is:* _____)

**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):

b. Sore throat YES NO

c. Cough YES NO

d. Shortness of breath YES NO

If yes to any, you are restricted from entering until receiving a thorough clinical evaluation (noted on reverse page) or you are confirmed as no longer having any signs or symptoms of the Coronavirus (COVID-19) for at least 72 hours.

- 4) Please list all healthcare facilities, including hospitals, long-term care facilities, senior living communities and outpatient treatment facilities, that you and those you are in close contact with have visited or worked in the last 14 days:

MUST Complete Reverse Side

Please note any other special circumstances or considerations:

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; and
- Failure to follow **proper infection control procedures**, including **handwashing and cough etiquette**, may result in disciplinary action up to and including termination.

Employee Signature

Date: _____

Employee Printed Name

Date: _____

Cedarhurst Screener Signature

Date: _____

Cedarhurst Screener Printed Name

Date: _____