EHS EMPOWER H E A L T H S E R V I C E S

COVID-19 Screening Questionnaire

This questionnaire is based on current recommendations from the Centers for Disease Control and Prevention and the World Health Organization. Your participation is crucial to help us safeguard you and the staff working at your on-site event today. We ask that at all times during this process you practice social distancing and take direction from our screening staff.

There are two steps required to determine if you are eligible to participate today:

- 1. Review the questions below. If you are able to answer "yes" to any of the questions, you will not be eligible to participate in the screening today.
- 2. Your temperature will be taken by an electronic, non-touch thermometer.

A face mask, worn over your nose and mouth, is required to enter the screening room.

Your cooperation is appreciated to help us reduce the risk and spread of the COVID-19 virus.

Have you knowingly been exposed to anyone with an active COVID-19 diagnosis in the past 14 days?			Yes	No
Have you, or anyone that lives with you, traveled internationally in the past 14 days?			Yes	No
Have you had a fever greater than 100.0 degrees within the past 24 hours?			Yes	No
Have you experienced any cold or flu-like symptoms in the past 14 days?				
Including:				
Ever	Chills	Repeated Shaking with Chills		
Sore Throat	🗌 Headache	New Loss of Taste/ Smell	Yes	No
Coughing	🗌 Muscle Pain	Shortness of Breath/ Difficulty		
Breathing				
Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms or combination of symptoms may have COVID-19.				

If you are able to answer "YES" to any of the above questions, your access to the screening will be denied.

If your temperature is 100.0 or greater, your access to the screening will be denied.

If you have been denied access to today's screening, please contact your supervisor.