

Phase Two Coronavirus 2019 (COVID-19): Sample Health Screening Tool

This document provides an example for workplaces and establishments if they implement COVID-19 screening procedures. The questions on the **Sample Health Screening Tools** are designed to help determine whether an individual should refrain from entering a workplace or establishment based on the presence or absence of possible COVID-19 symptoms or recent exposure to COVID-19.

Implementation Considerations

Sample Health Screening Tools are included on Page 2 & 4 of this document. Example #1 is for general use, example #2 is for healthcare facilities. Establishments may adapt this tool for their use. Please also consider the following information when developing and implementing a screening process at your business/facility.

General Use (Non-Healthcare Settings):

- **Who should be screened?**
 - Businesses can consider screening employees for symptoms, but this may have a limited effect as the virus that causes COVID-19 can also be spread by people who are not showing symptoms.
- **When should screening occur?**
 - If screening is done, an employee should complete the screening prior to the beginning of each shift.
 - Screening can be done either by attestation before arrival or on-site at a checkpoint near the entrance to the facility.
- **How should screening be conducted?**
 - Conduct the screening in a format that makes sense for your establishment (e.g., in-person, over the phone, via an automated phone line, electronic survey, etc.). It should include specific questions to help identify if an individual is reporting a recent diagnosis, possible symptoms of, or exposure to COVID-19.
 - Active temperature screening is generally not recommended outside of healthcare facility settings. If done, should be a part of a screening process, and performed by trained staff with appropriate protective measures following the CDC guidelines. More information can be found at [cdc.gov/coronavirus/2019-ncov/community/general-business-faq.html](https://www.cdc.gov/coronavirus/2019-ncov/community/general-business-faq.html).
- If an individual reports a recent diagnosis, possible symptoms of, or exposure to COVID-19 the individual **should not enter the establishment**. Individuals who are fully vaccinated¹, or have tested positive for the virus that causes COVID-19 in the previous 90 days, do not need to quarantine after an exposure².
- **Stay up-to-date** about possible symptoms of COVID-19 by regularly checking the Centers for Disease Control and Prevention (CDC) website: [cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html).
- **Update the health screening questionnaire** as more information becomes available.
- Health screening tools should be used in conjunction with other universal safeguards, such as social distancing, the use of cloth face coverings or masks, appropriate cleaning and disinfection, and staying at home when feeling unwell.

Healthcare Settings:

- Patients and residents of healthcare facilities may be particularly susceptible to COVID-19 infection. Due to the increased risk of transmitting the SARS-CoV-2 virus to these vulnerable populations, implementation for healthcare facilities includes additional considerations and requirements.
- For complete guidance on screening specific to the healthcare setting, please see *Guidance for Screening in Healthcare Facilities* at coronavirus.dc.gov/healthguidance.

¹ A person is considered fully vaccinated 14 days after receiving the last dose of a COVID-19 vaccination series (after the second dose of a 2-dose series, or after one dose of a single-dose vaccine).

² For more information, including information about quarantine and testing exemptions, please see *Guidance for Quarantine after COVID-19 Exposure* at coronavirus.dc.gov/healthguidance

EXAMPLE #1 – GENERAL USE

Coronavirus 2019 (COVID-19) Health Screening Questionnaire

As part of our efforts to keep all employees, visitors, and patrons safe, we ask that you please complete the following health screening questionnaire prior to entering the premises.

Instructions: Please fill in the following information.

Name: _____

Phone: _____ Email: _____

Instructions: Please select either “YES” or “NO” to each question below.

NOTE: If an individual answers “YES” to Questions 1-5, or 7 if applicable, the individual should not visit or report to the establishment. The individual should be advised to leave and to contact their healthcare provider for further evaluation if needed.

1. Have you felt like you had a fever*** in the past day? No Yes

*** You can also ask employees to report their measured temperature if employees are able to measure their temperature at home.

2. Do you have a new or worsening cough today? No Yes

3. Do you have any of these other symptoms today?

a. Shortness of breath or difficulty breathing No Yes

b. Fatigue No Yes

c. Muscle or Body aches No Yes

d. Headache No Yes

e. New loss of taste or smell No Yes

f. Sore throat No Yes

g. Congestion or runny nose No Yes

h. Nausea or vomiting No Yes

i. Diarrhea No Yes

4. Have you been tested for COVID-19, and are still awaiting test results? No Yes

5. Have you tested positive for COVID-19 in the last 10 days? No Yes

6. Are either of the following true?

- Have you been fully vaccinated against COVID-19³?

OR

- Have you tested positive for COVID-19 within the last 90 days? No Yes*

***If the answer to Questions 6 is yes, skip question 7.**

7. Have you been exposed to someone with COVID-19 in the last 14 days? No Yes

³ **Fully Vaccinated:** A person is considered fully vaccinated 14 days after receiving the last dose of a COVID-19 vaccination series (after the second dose of a 2-dose series, or after one dose of a single-dose vaccine).

EXAMPLE #2 – HEALTHCARE FACILITY USE

Coronavirus 2019 (COVID-19) Health Screening Questionnaire

As part of our efforts to keep all employees, visitors, and patrons safe, we ask that you please complete the following health screening questionnaire prior to entering the premises.

Instructions: Please fill in the following information.

Name: _____

Phone: _____ Email: _____

Instructions: Please select either “YES or “NO” to each question below.

NOTE: If an individual answers “YES” to Questions 1-6, when applicable, the individual should not visit or report to the establishment. The individual should be advised to leave and to contact their healthcare provider for further evaluation.

1. Have you felt like you had a fever*** in the past day? No Yes

*** You can also ask employees to report their measured temperature if employees are able to measure their temperature at home.

2. Do you have a new or worsening cough today? No Yes

3. Do you have any of these other symptoms today?

a. Shortness of breath or difficulty breathing No Yes

b. Fatigue No Yes

c. Muscle or Body aches No Yes

d. Headache No Yes

e. New loss of taste or smell No Yes

f. Sore throat No Yes

g. Congestion or runny nose No Yes

h. Nausea or vomiting No Yes

i. Diarrhea No Yes

4. Have you been tested for COVID-19, and are still awaiting test results? No Yes (**VISITORS ONLY**)

5. Have you tested positive for COVID-19 in the last 10 days? No Yes

6. Have you been exposed to someone with COVID-19 in the last 14 days? No Yes

7. Are either of the following true? (STAFF

ONLY)

- Have you been fully vaccinated against COVID-19⁴?

OR

- Have you tested positive for COVID-19 within the last 90 days? No Yes*

***If the answer to Question 7 is yes, Question 6 does not apply.**

⁴ **Fully Vaccinated:** A person is considered fully vaccinated 14 days after receiving the last dose of a COVID-19 vaccination series (after the second dose of a 2-dose series, or after one dose of a single-dose vaccine).