

# ARC EMPLOYEE / AGENCY COVID-19 SCREENING QUESTIONNAIRE

Until further notice, this form must be completed prior to the start of an employee/agency staff members next assigned shift.

PRINTED NAME: \_\_\_\_\_

DEPT: \_\_\_\_\_

	DAY:	SUN	MON	TUE	WED	THU	FRI	SAT
	DATE:							
1	Have you had any of the following signs or symptoms of respiratory infection in the past 14 days: fever, cough, difficulty breathing or sore throat? • No – proceed to work. • Yes, but symptoms have a known cause (asthma, COPD, chronic sinusitis, etc.) – proceed to the next question. • Yes, with no unknkown origin employee will be sent home.	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
2	A) Temperature of 99.6 or higher? • No – proceed to work. • Yes – employee will be sent home. B) Record daily temperature taken at the ARC.	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
3	Have you traveled in the past 14 days? If "YES": DATE: _____ LOCATION: _____	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
4	Have you been exposed to someone with confirmed COVID-19 or an impacted area/facility? • No – proceed to work. • Yes – employee will be sent home.	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
5	Do you work at multiple facilities? If "YES", list facilities below and answer corresponding questions (5A, 5B and 5C).	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
6	Have you been tested for COVID-19? If "YES", date tested: _____ Result: _____	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
	<b>All individuals entering the ARC must monitor for signs and symptoms of respiratory infection for at least 14 days after exiting the ARC Campus. If symptoms occur, you must immediately notify your ARC supervisor of the date that you were on campus, the individuals that you were in contact with, and the locations within the ARC campus that you visited. Do you agree to comply with this order?</b>	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
	<b>DAILY INITIAL &amp; TIME:</b>							

**If you answered "YES" to question #5**, list the facilities you traveled to or worked at and complete questions 5A, 5B and 5C:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

5A	Has any facility visited been identified as having COVID-19 positive individuals?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
5B	Do you change clothing between locations?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
5C	Do you wear PPE during visits at ALL locations?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO

SIGNATURE: \_\_\_\_\_