

COVID-19 Employee and Client Screening Tool

Name: _____ Date: _____ Temperature: _____

SYMPTOMS

| HAVE YOU HAD ANY OF THE FOLLOWING SYMPTOMS IN THE PAST THREE DAYS? | YES | NO |
|--|-----|----|
| COUGH | | |
| SHORTNESS OF BREATH OR DIFFICULTY BREATHING | | |
| FEVER OR CHILLS | | |
| MUSCLE OR BODY ACHES | | |
| SORE THROAT | | |
| HEADACHE | | |
| NAUSEA OR VOMITING | | |
| DIARRHEA | | |
| RUNNY NOSE OR STUFFY NOSE | | |
| FATIGUE | | |
| RECENT LOSS OF TASTE OR SMELL | | |

RISK FACTORS

| | YES | NO |
|--|-----|----|
| <p>Have you been directed to quarantine or isolate by the Rhode Island Department of Health or a healthcare provider in the past 14 days?</p> <p>If so, when does/did your quarantine or isolation period end? _____</p> | | |
| <p>The items below are not risk factors if:</p> <ul style="list-style-type: none"> You're fully vaccinated against COVID-19 (more than 14 days after final dose); OR You've tested positive for COVID-19 in the past 90 days and completed your isolation period; OR You've tested out of quarantine based on current requirements. | | |
| Have you been in close contact with anyone with COVID-19 or symptoms of COVID-19 in the past 14 days? ¹ | | |
| Have you traveled anywhere outside the United States (US) and US territories in the past 14 days? | | |
| Have you traveled to Rhode Island for a non-work-related purpose from a hot spot within the US and US territories? ² See a current list of hot spots at www.covid.ri.gov/travel | | |

If you answered “yes” to any questions above and you cannot explain your symptoms, you may not be able to enter this building for the safety of others. With COVID-19 present during allergy season, get tested if you have any of these symptoms. Find testing information at www.covid.ri.gov/testing

- **Employees:** Please contact your supervisor and your Human Resources representative.
- For detailed quarantine and isolation requirements and exceptions, visit www.covid.ri.gov/whattodo

¹Close contact means you've been within 6 feet of someone with COVID-19 for a total of 15 minutes or more in a 24-hour period. Does not apply to people who come into contact with people with symptoms of COVID-19 during the course of their daily work while wearing full and appropriate personal protective equipment (PPE). See <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html> for more information.

²Public health, public safety, and healthcare workers are exempt. Does not apply to anyone traveling for medical treatment, to attend funeral or memorial services, to obtain necessities like groceries, gas, or medication, to drop off or pick up children from day care, summer camps, or to anyone who must work on their boats.

05/26/2021