

COVID-19 Health Screening Questionnaire

*This is a sample health questionnaire outlining possible procedures for conducting health screenings and how to proceed. Professionals should consult with state and local public health and government officials to outline local processes.

“Welcome to _____ (facility or program name). We are happy to see you! In light of COVID-19 _____ (department name), has instated some new health and well-being screening protocols prior to entering _____ (facility or program name). In adherence with these protocols, I need to ask you a series of questions.”

Question	Yes	No
1. <i>“Do you currently have a fever, cough, sore throat, shortness of breath, new loss of taste or smell, or any other COVID-19 or flu-like symptoms (nausea, vomiting, diarrhea, etc.) or have you had any of these symptoms in the last 48 hours?”</i>		
2. <i>“In the past 14-days, have you had close contact (within 6 feet for equal to or greater than a 10-minute period of time or living in your household) with a person who has been diagnosed with COVID-19 by a medical provider?”</i>		
3. <i>“Have you been diagnosed with COVID-19 by a medical provider in the past 14-days?”</i>		
4. <i>“Have you been told by a medical provider or public health official within the last 14-days that you should self-quarantine due to potential COVID-19 exposure, or that you are suspected of having COVID-19?”</i>		

➤ **If the person answers “no” to all questions, staff and visitors can proceed with participation.**

“Thank you so much – you may proceed. Please remember to follow our guidance for physical distancing, personal hygiene, and if you start to feel ill, we kindly ask that you head home and seek medical provider or public health guidance if needed. Please let me know if you have any further questions or concerns.”

- **If the person answers “yes” to any questions, screening staff should not allow the person in, inform the proper chain of command, and refer the visitor to seek medical care or public health guidance.**

“Thank you so much – I’d like to review your responses with you. You indicated that you _____ (review response). Because of this, we are not able to have you to join us today. Our COVID-19 policy outlines _____ (cite policy). We recommend seeking additional guidance from your medical provider or the public health department prior to returning. We are happy to connect you to _____ (refer to public health department or healthcare partner who can answer questions) who will be able to assist you with questions and outline next steps. We look forward to seeing you back soon.”

- **When the person is ready to come back they must have completed any required self-isolation or quarantine, and if suspected or diagnosed with COVID-19, they should produce written documentation from a medical provider. Refer to your local and state health and government officials for more specific guidance and specific policies in place in your area.**