

## Pre-shift COVID-19 Screen

### 1. Exposure Questions:

a. Have you been instructed by your unit, NHS or the Medical Group to quarantine or isolate?

Yes  No

b. Have you been exposed to anyone with COVID-19 in the last 14 days?

Yes  No

c. Do you live or room with anyone exposed to COVID-19 in the last 14 days?

Yes  No

If you answered yes to any of these questions, ***do not enter the workplace.*** Return to home or your car and call your supervisor for further instructions.

### 2. Symptom Questions

In the last 24 hours, have you experienced any of the following symptoms?

Fever above 100.3 F	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shortness of breath	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Loss of smell or taste	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Body aches	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If any symptom question above is answered yes, ***do not enter the workplace.*** Return home or to your car and call the COVID Hotline at 226-8556 if you receive care at the 48<sup>th</sup> MDG. Otherwise, contact the NHS.

If the COVID Hotline advises that you do not meet criteria for testing and you feel unwell at all, call your PCM or request 24 hour quarters from your supervisor.