## 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 Yes - No - (if yes, was a temperature taken that was above 100.3 F) Yes - No

Chills Yes \_ No \_
Cough Yes \_ No \_
Shortness of breath Yes \_ No \_
Headache Yes \_ No \_
Sore throat Yes \_ No \_
Loss of the sense of smell or taste Yes \_ No \_
Body aches Yes \_ 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.