**COVID-19 Verbal Screening and Temperature Check**

**for Staff and Visitors**

1. Today, or in the past 24 hours, have you had any of the following symptoms?[[1]](#footnote-1) **[YES/NO]** 
   * Fever, felt feverish, or had chills
   * Cough
   * Shortness of breath or difficulty breathing
   * Muscle aches
   * Fatigue
   * Headache
   * Sore throat
   * Congestion or runny nose
   * New loss of taste or smell
   * Gastrointestinal symptoms (i.e., nausea, vomiting, or diarrhea)
2. In the past 14 days, have you had contact with a person known or suspected to be infected with the novel coronavirus (COVID-19)? **[YES/NO]**
3. Are you currently under isolation requirements following a positive COVID-19 viral test result? A viral test checks samples from your respiratory system (such as swabs of the inside of the nose) and tells you if you have a current infection. **[YES/NO]**
4. Have you had a viral test for COVID-19, and is the result unknown/pending at this time? **[YES/NO]**
5. Does the staff or visitor currently have a temperature of 100°F (37.8°C) or greater? **[YES/NO]**

1. The list of symptoms may change as we learn more about COVID-19. Please refer to the CDC website for the most up-to-date symptom list: https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html. [↑](#footnote-ref-1)