

COVID-19 SCREENING QUESTIONNAIRE (as of 3-16-2020)

An outbreak of 2019 Coronavirus (COVID-19) requires early and effective detection of suspected cases to limit the risk of exposure to others. We are kindly requesting you to complete the following questions and to have your temperature checked by us.

Name:	
Date:	

Within the last 24 hours, have you had any of the following symptoms? Tick all that apply:

Fever/Chills		Cough	
New headache		Difficulty breathing / Short of Breath	
Sore throat		Your own temperature reading?	

During the last 14 days have you been to ANY foreign country or on a cruise? If YES, please specify the city/location and when:	YES / NO
Did you spend time (more than 5 minutes) within 6 feet distance with a person who had been to ANY foreign country?	YES / NO
Did you spend >5 minutes time within 6 feet of a person who did have, or was under investigation for COVID-19?	YES / NO

If you have any of the symptoms listed above, you are required to contact your medical provider and not enter the PRIME facility.

Signature:	
Temp. Taken:	
Employee cleared to enter PRIME facility:	YES / NO
Medical Screener, name:	
Medical Screener, sig.:	