

COVID-19 Pre-Screening Checklist

TO BE COMPLETED BEFORE ENTERING THE WORKPLACE

Questions:	Response:	Action
Are you displaying any of the following symptoms?		
<ul style="list-style-type: none"> • Fever • Fever within last 72 hours • Taken fever reducing medicine in past 72 hours because of a fever. 	Yes No Temperature at time of completing checklist: _____	<p>If Yes to any questions, stay (or return) home and contact healthcare provider. Note date that symptoms started: _____</p> <p>If No, you may proceed to work.</p>
• Cough	Yes No	
• Shortness of breath or difficulty breathing	Yes No	
• Sore Throat	Yes No	
• Head, Ear or Body Aches	Yes No	
• Chills/Shaking/Fatigue	Yes No	
• Pain in chest	Yes No	
• Vomiting or diarrhea, abdominal pain	Yes No	
• New loss of taste/smell	Yes No	
Have you been around anyone with the above listed symptoms within the past 14 days?	Yes No	Practice universal precautions, wear a cloth mask, and maintain social distancing. Additional precautions may be advised. Contact CSU Public Health for requirements. (970) 491-6121; ehs_public_health_office@Mail.Colostate.edu
Are you living with anyone who is sick or quarantined due to COVID 19?	Yes No	<p>Contact CSU Public Health for current requirements. (970) 491-6121; ehs_public_health_office@Mail.Colostate.edu</p> <p><u>General guidance but subject to change:</u> *If symptomatic, stay home and contact healthcare provider. *If asymptomatic and can isolate from roommate, practice social distancing, universal precautions and wear mask at work. Be alert for symptoms and report immediately. *If asymptomatic and cannot isolate from roommate, monitor symptoms and if still asymptomatic after 14 days, may return to work. Be alert for symptoms and report immediately.</p>
Other questions/notes:		

Name: _____

Date: _____ Time: _____

Note that the information shared remains confidential unless needed to demonstrate the screening occurred or to notify supervisor that you are not able to return to work until X date given responses.