## COVID-19 ACTIVE SCREENING QUESTIONNAIRE

This will be updated as the CDC and WA State Health Department's information on COVID-19 continues to change.

Your health and well-being are of the upmost importance and we are taking measures to keep the facility/office a safe environment for employees as well as the individuals under our charge and the public. Therefore, anyone coming into the facility/office will be screened and part of our screening process will include taking their temperature and asking the following questions.

1.	Within the last 14-days, have you experienced a new cough that you cannot attribute to another health condition?	
		YES
		NO
2.	Within the last 14-days, have you experienced new shortness of breath that you cannot attribute to another health condition?	
		YES
		NO
3.	Within the last 14-days, have you experienced a new sore throat that you cannot attribute to another health condition?	
		YES
		NO
4.	Within the last 14-days, have you experienced new muscle aches that you cannot attribute to another health condition or a specific activity such as physical exercise?  YES	
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		NO
5.	Within the last 14-days, have you had a temperature at or above 100.4° or the sense of having a fever?	
		YES
		NO
6.	Within the last 14 days, have you had close contact, without the use of appropriate PPE, with someone who is currently sick with suspected or confirmed COVID-19?* (Note: Close contact is defined as within 6 feet for more than 10 consecutive minutes)  YES	
	П	NO
	<del>-</del>	vers YES to any of the questions they will not be allowed into the
		etermined otherwise by a designated DOC medical professional.

\*Facilities identified as being at critical staffing levels in health services may have healthcare workers authorized by the HQ Emergency Operations Center to enter the facility under the following guidelines:

- As long as they remain asymptomatic;
- Self-monitor symptoms as outlined in the guidance; and
- Wear a surgical mask at entry and at all times while on facility grounds.