

Capital Area Community Services, Inc.
 COVID-19 Workplace Health Screening
EMPLOYEES and VISITORS

Self-Declaration by Employee/Visitor

By signing this form, you are verifying your answer is
 "NO" to each of the questions below*

In the past 24 hours, have you experienced:

Fever of 100.4°F or higher, or felt feverish:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
New or worsening cough:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Shortness of breath or difficulty breathing:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
New loss of taste or smell:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Or TWO (2) or more of the following:

Chills:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Headache:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Sore throat:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Muscle aches:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Fatigue:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Nausea &/or vomiting	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Diarrhea:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

In the last 14 days, have you:

Had close contact with an individual diagnosed with COVID-19? ** <small>See below</small>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Traveled internationally OR to a place with widespread COVID-19?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

DISCLAIMER: This screening tool is subject to change based on the latest information on COVID-19

TODAY'S DATE: _____ **LOCATION:** _____

<i>PRINT NAME</i>	<i>SIGNATURE</i>	<i>TEMPERATURE</i>

Revised: 12/3/2020

CHECK HERE IF CONTINUED ON ANOTHER PAGE

*Any "YES" ANSWER = Access to the building is Automatically Denied. Contact your supervisor as soon as feasible.

Retain form on-site for one year from time of generation

** Close contact means someone who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to specimen collection) until the time the person is isolated (MIOSHA). Per the CDC, you are still considered a close contact if you are wearing a mask and are in close contact for 15 minutes or more over a 24-hour period, cumulative. If someone tests positive for COVID and recovers, and is then a close contact of someone with COVID within 90 days of their recovery, they do not have to quarantine.

