COVID-19 Self-Screening Tool

Instructions: Please use the following tool to **self-screen** for COVID-19 symptoms or travel considerations before entering a patient's home or a community where patients live. *This is a daily exercise for every day you are scheduled to work!*

If you are not feeling well or actively sick, we ask that you contact your supervisor or Human Resources before entering any patient's home or AL/IL/LTC community.

QUESTION	YES	NO
Do you have a fever?		
Do you have a cough, difficulty breathing, or shortness of breath?		
Have you had contact with a person who has a confirmed case of COVID-19?		
Have you, or anyone in your household, traveled outside the United States within the last 14 days?		

Please answer the following questions:

If you answered YES (red boxes) to any of the above questions, please contact Human Resources at 844-329-4545.

If you answered NO (green boxes) to all questions, there are no restrictions.