**COVID-19 Screening Checklist**

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| **Date:** | **Host:** |
| **Name:** | **Location:** |
| **Company:** | **Contact Number:** |

1. **Have you washed your hands or used alcohol-based hand sanitizer upon entry?**

Yes NO - please do so

1. **Have you had any close contact (defined as, 2 meters or 6 feet for longer than 15 minutes) with a person diagnosed with COVID-19?**

Yes NO

If YES, **entry is prohibited.**

If NO, proceed to step 3.

1. **Have you travelled internationally within the last 14 days?**

Yes NO

If YES, **entry is prohibited**

If NO, proceed to step 4.

1. **Have you experienced any of the following COVID-19/flu symptoms in the last 6 days?**

Fever

Sore throat

Cough

Shortness of breath

If YES to any, **entry is prohibited**

If NO, proceed to step 5.

1. **(Effective 19MAR2020) Have you checked your temperature? (thermometer provided)**

YES, Temperature of greater than or equal to > 99.5 °F - **entry is prohibited.**

Yes, Temperature of less than 99.5°F - proceed to step 6.

1. **Building entry is allowed, confirm that the following safe work practices will be adhered to:**

Wash your hands or use hand sanitizer throughout your time in the building

Do not shake hands with, touch or hug individuals while on-site

Follow social distancing guidelines