COVID-19 Screening Tool

Recommended tool to screen employee, clients, and/or visitors for symptoms of COVID-19.

SYMPTOMS

HAVE YOU HAD ANY OF THE FOLLOWING SYMPTOMS IN THE PAST THREE DAYS THAT ARE NOT EXPLAINED BY ALLERGIES OR A NON-INFECTIOUS CAUSE?	YES	NO
COUGH		
SHORTNESS OF BREATH OR DIFFICULTY BREATHING		
FEVER OR CHILLS		
MUSCLE OR BODY ACHES		
SORE THROAT		
HEADACHE		
NAUSEA OR VOMITING		
DIARRHEA		
RUNNY NOSE OR STUFFY NOSE		
FATIGUE		
RECENT LOSS OF TASTE OR SMELL		

RISK FACTORS

	YES	NO
Have you been in close contact (less than six feet) with anyone with COVID-19 or symptoms of COVID-19 in the past 14 days?		
Have you traveled anywhere outside the 50 United States in the past 14 days?		
Have you traveled to Rhode Island for a non-work-related purpose from another city, town, county, or state that currently has a stay-at-home restriction, a shelter-in-place restriction, or a similar restriction, declaration, or announcement due to a COVID-19 outbreak?		
Have you been directed to quarantine or isolate by the Rhode Island Department of Health or a healthcare provider in the past 14 days? If so, when does/did your quarantine or isolation period end?		

Signature Date