COVID-19 Screening

Screen ALL who enter your workplace (every day)

•All staff before the start of each work shift

All visitors

- •Have them wash their hands or use alcohol based hand rub at entry at a customer only bathroom or hand sanitizing station
- •Take temperature and document

•Keep a log of staff and visitors - include name, contact information, date and time.

Since your last day of work, or last visit here, have you had any of these symptoms? Recent fever(s) over 100 Yes No Fill in temperature reading Fever present 100 or more? Yes No Shortness of breath Difficulty breathing New or worsening cough Sore throat Loss of taste or smell Headache Whole body aches - muscle pains Nausea with or without vomiting Diarrhea	In the last 2 weeks, did or are you: Social distancing by staying 6 feet apart? Yes No Have you had close contact with someone who has COVID-19 (within 6 feet) Are you currently caring for someone who is ill? Yes - Employees who are well but have a sick family member with COVID-19 should notify their Supervisor. No Travelled outside of New Mexico Live in or visit a place where COVID-19 is widespread None of the above Do you or someone you live with work or volunteer in a healthcare setting, or plan to in the next 2 weeks? Yes No
 Conjunctivitis - Eye infection redness, irritation, inflammation None of the above If the answer to 3 or more of these is YES, use your work's COVID-19 emergency plan right away. 	Note: This information will be retained for 30 days and remains confidential. It will only be released to facilitate contact tracing if requested by an authorized government agent.
Phone & E-mail:	
Screener Name:	

Screener Phone:___

Visitors:

Must wear face mask while in building Keep a restricted area for visitors Hand sanitizer or designated wash area for visitors only **Staff:** Must wear face masks, gloves when needed regardless of presence of symptoms. No sharing of food or utensils, no congregating in break rooms, staggered breaks.