

COVID-19 SELF-SCREENING TOOL

PLEASE COMPLETE BEFORE LEAVING YOUR HOUSE FOR WORK DAILY.

By entering the workplace, an employee certifies that they have taken and passed the self- screening for symptoms commonly associated with COVID-19 infection.

1) Have you had any of the following symptoms in the last 24 hours?

This does not include a typical level of on-going symptoms as a result of a pre-existing chronic condition.

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

2) Is anyone in your household ill with confirmed or suspected COVID-19?

3) Have you been in close contact with someone confirmed to have COVID-19 within the past 14 days?

Close contact means “Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period* starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.”

If you answer any of the above questions with a “yes,” you must stay home & report to covidreporting@ci.richmond.ca.us. Please notify your supervisor of your absence, further monitor your symptoms and contact your healthcare provider.

The CDC has a virtual symptom checker at <https://covid19healthbot.cdc.gov/>
View testing resources at <https://www.coronavirus.cchealth.org/get-tested> .

If you respond to all of the above questions with a “no,” you can proceed to work.