

NAME: _____

TODAY'S DATE: _____

COVID-19 SCREENING

PLEASE READ EACH QUESTION CAREFULLY	PLEASE CIRCLE THE ANSWER THAT APPLIES TO YOU	
<p>Have you experienced any of the following symptoms in the past 48 hours:</p> <ul style="list-style-type: none"> • 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 	YES	NO
<p>Within the past 14 days, have you been in close physical contact (6 feet or closer for at least 15 minutes*) with a person who is known to have laboratory-confirmed COVID-19 or with anyone who has any symptoms consistent with COVID-19?</p>	YES	NO
<p>Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?</p>	YES	NO
<p>Are you currently waiting on the results of a COVID-19 test?</p>	YES	NO

<p>Did you answer NO to ALL QUESTIONS?</p>	<p>Access to facilities APPROVED. Please show this at the facility entrance. Thank you for helping us protect you and others during this time.</p>
<p>Did you answer YES to ANY QUESTION?</p>	<p>Access to facilities NOT APPROVED. Please see Page 2 for further instructions. Thank you for helping us protect you and others during this time.</p>

*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.



cdc.gov/screening



cdc.gov/screening/further-instructions.html

THE SCREENING YOU COMPLETED INDICATES THAT YOU MAY BE AT INCREASED RISK FOR COVID-19

IF YOU ARE NOT FEELING WELL, WE HOPE THAT YOU FEEL BETTER SOON!

Here are instructions for what to do next

1

If you are not already at home, please avoid contact with others and go straight home immediately.

2

Call your primary care provider or for further instructions, including information about COVID-19 testing.

3

Contact your company (if you are an employee) or your contracting company (if you are a contractor) to discuss options for telework and/or leave.

Before going to a healthcare facility, please call and let them know that you may have an increased risk for COVID-19.

In case of a life-threatening medical emergency, dial 911 immediately!

RETURNING TO THE WORKPLACE



If you have had symptoms consistent with COVID-19 or have tested positive for COVID-19, DO NOT physically return to work until you get a medical evaluation and are approved to return to a work setting by your medical provider. Please call your workplace to discuss when to return to work. Read more about when it is safe to be around others at <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html>



Add Your Phone to the COVID Fight. Download COVID Alert NJ.

COVID Alert NJ is New Jersey's free and secure mobile app that anonymously alerts users if they have been in close contact with someone who has tested positive for COVID-19. <https://covid19.nj.gov/pages/app>



If you have been in close contact with someone with COVID-19 you should stay home and self-quarantine for 14 days before returning to work. Read more about when you should be in isolation or quarantine at <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation.html>.



If you are currently isolating or quarantining because of concerns about COVID-19 OR you have a COVID-19 test pending, please contact your primary care provider for guidance on when you can return to work.

For information about COVID-19 and basic instructions to prevent the spread of disease, visit CDC's COVID-19 website at <https://www.cdc.gov/covid19>.

COVID-19 Information Hub: <https://covid19.nj.gov/>

New Jersey Department of Health COVID-19 topics: <https://www.nj.gov/health/cd/topics/ncov.shtml>

New Jersey Department of Labor and Workforce Development: <https://www.nj.gov/labor/>