COVID-19 ACTIVE SCREENING QUESTIONNAIRE

**This will be updated as the CDC and Florida State Health Department’s information on COVID-19 continues to change.**

 Your health and well-being are of the upmost importance and we are taking measures to keep the facility/office a safe environment for employees as well as the individuals under our charge and the public. Therefore, anyone coming into the facility/office will be screened and part of our screening process will include taking their temperature and asking the following questions.

1. Within the last 14-days, have you experienced a new cough that you cannot attribute to another health condition? ☐ YES ☐ NO

2. Within the last 14-days, have you experienced new shortness of breath that you cannot attribute to another health condition? ☐ YES ☐

 NO 3. Within the last 14-days, have you experienced a new sore throat that you cannot attribute to another health condition? ☐ YES ☐ NO

4. Within the last 14-days, have you experienced new muscle aches that you cannot attribute to another health condition or a specific activity such as physical exercise? ☐ YES ☐ NO

 5. Within the last 14-days, have you had a temperature at or above 100.4° or the sense of having a fever? ☐ YES ☐ NO

 6. Within the last 14 days, have you had close contact, without the use of appropriate PPE, with someone who is currently sick with suspected or confirmed COVID-19?\* (Note: Close contact is defined as within 6 feet for more than 10 consecutive minutes) ☐ YES ☐ NO

If the individual answers YES to any of the questions they will not be allowed into the facility/office unless determined otherwise by a designated DOC medical professional.

 **\*Facilities identified as being at critical staffing levels in health services may have healthcare workers authorized by the HQ Emergency Operations Center to enter the facility under the following guidelines: • As long as they remain asymptomatic; • Self-monitor symptoms as outlined in the guidance; and • Wear a surgical mask at entry and at all times while on facility grounds.**

Lisa F. Levine, Lcsw following all of the guidelines, policies and procedures in regards to COVID19

Please Sign and Acknowledge that you have read and Understand the Procedures

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_