



## Entry Screening for Facility Use

Ask each individual entering the building the following questions and take his or her temperature.

**If a member answers yes to any of these questions or has a temperature of 100.4°F or above, restrict entry, record the member's information on the "COVID-19 Member Health-Screening and Return to Facility Form" and notify Center Director. NO EXCEPTIONS.**

### 1. Questions:

- a. Are you experiencing any of the following?
  - New or worsening cough
  - Sneezing
  - Loss of taste or smell
  - Sore throat
  - Runny or stuffy nose
  - Shortness of breath
  - Headaches
  - Muscle pains
  - Diarrhea or other gastrointestinal symptoms
- b. Have you or someone you've been in close contact\* with had a positive COVID-19 test in the last 14 days?
  - Exception: If you are a Healthcare Provider, have you been exposed to COVID-19 positive patients without the use of PPE?
- c. In the last 24 hours, have you had a fever greater than 100.4 degrees or taken any fever reducing medication?

### 2. Take temperature

\* Close Contact is defined here as living in the same household as a person who has tested positive for COVID-19, caring for a person who has tested positive for COVID-19, being within six feet, for 15 minutes or more, within the last 48 hours, or coming in direct contact with secretions (e.g., sharing accessories or equipment, being coughed on or sneezed on) from a person who tested positive for COVID-19 without PPE, while that person was symptomatic.

**Remember "6-15-48":** within 6 feet, for 15 minutes or more, in the last 48 hours.