



COVID-19 Sample Screening Tool for All Persons Entering Your Building

Please Tailor as Needed

If answer Yes to one or more of the below screenings, ask them to not enter the community. They may or may not have COVID-19, and you are trying to protect the vulnerable residents living within your community.

Ask all entering to wash hands & use sanitizer

1.	Do you have any of the below:		
	• Fever (at or higher than 100 degrees) <i>(must take the temp at entry)</i>	Yes	No
	• Cough	Yes	No
	• Shortness of breath/breathing difficulties	Yes	No
	• Other symptoms such as muscle aches, fatigue, headache, sore throat, runny nose, diarrhea.	Yes	No
2.	Have you been in contact in the last 14 days with someone that is being investigated or confirmed to be a case of COVID-19? <i>Or in contact with someone who has self-quarantined</i>	Yes	No