

COVID-19 SYMPTOM SCREENING GUIDE



IN ACCORDANCE WITH PHASE I OF CONSTRUCTION RESTART:

(Per the Governor’s Stay Home, Stay Healthy order; developed and reviewed with MultiCare Occupational Health)

This screening does not need to be documented unless the worker answers Yes to any of questions 2-7, or has a temperature over the fever threshold (100.4° F).

- | | |
|---|--------------------|
| 1. Temperature scan (temp must be below 100.4° F) | Temp: _____ |
| 2. Do you have any COVID-19-positive members in your household? | Yes _____ No _____ |
| 3. Do you have a cough? | Yes _____ No _____ |
| 4. Do you have shortness of breath? | Yes _____ No _____ |
| 5. Do you have fatigue or muscle aches? | Yes _____ No _____ |
| 6. Do you have a new loss of taste or smell? | Yes _____ No _____ |
| 7. To the best of your knowledge have you been in close contact with any individual in the last 10 days who was experiencing any of these symptoms? | Yes _____ No _____ |
| 8. Do you agree to report the onset of <i>any</i> of these symptoms during your shift? | Yes _____ No _____ |

Reminder: Your COVID-19 Site Supervisor is _____