



COVID-19 Health Screening Form

All employees and visitors wishing to enter the home or service delivery/office work sites, are required to answer and sign screening questions before starting the shift or visit.

If you answer YES to any of these questions, do NOT enter the home or service delivery/work location, do NOT begin your shift/report to work, do NOT engage in contact with support recipients or other staff, and **immediately notify** your supervisor.

Questions	YES	NO
Is your current temperature at or above 100.3° F?		
Are you having any symptoms? <i>Symptoms may include but are not limited to runny nose, headache, cough, vomiting, diarrhea etc. If symptoms are the result of a documented chronic health condition, you may still report to work but you must notify the Hope Healthline of your symptoms.</i>		
Have you had contact with someone with symptoms, who has tested positive for COVID-19, or who is being tested for COVID-19 due to symptoms? <i>If you have a High or Medium level of protection due to vaccination or recent COVID-19 infection that you have recovered from, you may still report to work or visit if you answer Yes. If you are an employee, you must still notify your supervisor of your Yes answer and be tested after 72 hours of exposure.</i>		
Have you returned from out-of-state travel in the last 5 days? <i>If you have a High or Medium level of protection due to vaccination or recent COVID-19 infection that you have recovered from, you may still report to work or visit if you answer Yes. Employees must comply with testing requirements as outlined in Policy.</i>		

I confirm my answers to the above questions. I understand that failure to provide true and accurate information may result in disciplinary action, up to and including separation of employment.

Signature: _____ Date: _____

Name: _____ Employee ID: _____ (as applicable)

Supervisor: _____ (as applicable)