

FMSHRC COVID-19 SCREENING TOOL

STEP 1. EMPLOYEE'S NAME

YOUR FULL NAME: _____

STEP 2. ACCESS REQUEST DETAILS

OFFICE LOCATION: _____ AUTHORIZER'S NAME: _____

DATES: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

STEP 3. DAILY QUESTIONNAIRE & SIGNATURE

PLEASE READ EACH QUESTION CAREFULLY

PLEASE SELECT THE ANSWER THAT APPLIES TO YOU

Have you experienced any of the following symptoms in the past 48 hours:

1. fever of 100.4 F (38 C)
2. cough or chills
3. shortness of breath or difficulty breathing
4. fatigue
5. muscle or body aches
6. headache
7. new loss of taste or smell
8. sore throat
9. congestion or runny nose
10. nausea or vomiting
11. diarrhea

YES NO

Within the past 14 days, have you been in close physical contact (6 feet or closer for a cumulative total of 15 minutes) with:

I. Anyone who is known to have laboratory-confirmed COVID-19?

YES NO

OR

II. Anyone who has any symptoms consistent with COVID-19?

Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?

YES NO

Are you currently waiting on the results of a COVID-19 test?

YES NO

Did you answer NO to ALL QUESTIONS?

Access to FMSHRC facilities **APPROVED**.
Thank you for helping us protect you and others during this time.

Did you answer YES to ANY QUESTION?

Access to FMSHRC facilities **NOT APPROVED**. Please see Page 2 for further instructions. Thank you for helping us protect you and others during this time.

EMPLOYEE'S SIGNATURE: _____

TODAY'S DATE: _____

By entering my name and submitting this form, I affirm that I have received my authorizer's permission to enter the workplace on the specific dates listed above, and that I have completed the COVID Screening Questionnaire.

EMAIL COMPLETED FORM

WORKPLACE EXAMPLES

HOW TO USE THIS FORM

On Thursday, an employee has determined he/she has essential business that needs to be conducted in the office Monday and Tuesday of the following week.

The same day, the employee should request permission to access the office on those dates by checking with the appropriate authorizer outlined in the section below.

After authorization has been granted, the employee will need to enter their name in **Step 1.** and fill out the sections in **Step 2. Access Request Details,** by

1. selecting the office location from the drop down menu,
2. entering the authorizer's name, and
3. identifying Monday and Tuesday as the desired dates.

On Monday morning, before officially traveling to the office location, the employee will need to complete **Step 3. Daily Questionnaire and Signature,** by

1. answering all four screening questions,
2. signing the form, and
3. selecting **Email Completed Form.**

The form will be automatically attached to an email message and the email address officesafety@fmshrc.gov will appear as the recipient.

If employee answers YES to any of the questions, he/she should stay home and see additional information on page 2 of this form. If he/she answers NO to all the questions he/she will be allowed to proceed into the office.

On Tuesday, the employee should complete the same steps that needed to be completed on Monday.

WHO ARE THE AUTHORIZERS

The authorizers will be different for regular employees, supervisors, and department heads as follows:

- regular employees should seek written permission* from their supervisor.
- supervisors should seek written permission* from their department head.
- department heads should seek written permission* from the Executive Director.

*Written permission may be provided by email.

THE SCREENING YOU COMPLETED INDICATES THAT YOU MAY BE AT INCREASED RISK FOR COVID-19

IF YOU ARE NOT FEELING WELL, WE HOPE THAT YOU FEEL BETTER SOON!

Here are instructions for what to do next

1

If you are not already at home, please avoid contact with others and go straight home immediately.

2

Call your primary care provider* for further instructions, including information about COVID-19 testing.

3

Contact your supervisor (if you are an employee) or your contracting company (if you are a contractor) to discuss options for telework and/or leave.

Before going to a healthcare facility, please call and let them know that you may have an increased risk for COVID-19.

In case of a life-threatening medical emergency, dial 911 immediately!

RETURNING TO THE WORKPLACE



If you have had symptoms consistent with COVID-19 or have tested positive for COVID-19, DO NOT physically return to work until you get a medical evaluation and are approved to return to a work setting by your primary care provider*. Please call your supervisor to discuss when to return to work. Read more about when it is safe to be around others at <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html>.



If you have a chronic medical condition that causes COVID-19-like symptoms and you need to access a CDC facility within the next few days, please call CDC's Occupational Health Clinic at 404-639-3385 to determine whether you can safely be granted access to a CDC facility.



If you have been in close contact with someone with COVID-19 you should stay home and self-quarantine for 14 days before returning to work. Read more about when you should be in isolation or quarantine at <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>.



If you are currently isolating or quarantining because of concerns about COVID-19 OR you have a COVID-19 test pending, please contact your primary care provider* for guidance on when you can return to work.