

Multicare Daily COVID-19 Staff Screening

Date: _____

Please answer "Y" (Yes) or "N" (No) to the following questions.				
Employee Name/ Employee ID #	In the past 14 days, have you had contact <u>outside of work</u> /lived with someone diagnosed with COVID-19? Or had unprotected close contact with someone diagnosed with COVID-19? (close contact = within 6 feet for 15 minutes or longer) (unprotected= without mask or eye protection or appropriate PPE at workplace)	Have you had any of these symptoms in the past 24 hours or in the past 14 days? - Cough or Sore throat - Headache - Runny or congested nose - Difficulty breathing; shortness of breath - Unexplained muscle ache - Feeling fatigued - Loss of sense of smell or taste - Diarrhea (defined as >3 loose stools in 24 hrs) - Fever/Chills/Shivers (100.4 or 99.6 if >65 yrs old)	In the past 14 days, have you worked at another facility <u>AND</u> participated in direct care or had close contact with patients diagnosed with Covid-19 <u>without the appropriate MHS PPE?</u>	
				<p>If you answered yes to any of the questions, contact your supervisor to follow the COVID Employee Exposure Response Team Algorithm.</p> <p>Contact the CEERT at 253-403-6440 or covidemployeesupport@multicare.org</p>