HOWARD COUNTY HEALTH DEPARTMENT

# INITIAL SCREENING QUESTIONNAIRE

**IMPORTANT: The screener should immediately STOP the screening and deny access to any individual who answers YES to ANY screening question.**

Date: _____ Time: _____

Name of Individual Seeking Access _____ (please print)

☐Employee ☐Client / Patient/Camper ☐Vendor

**For clients/patients and vendors, contact information:**

**Phone #:** _____ **Address:** _____

**For infection control purposes, I need to ask you a few questions:**

| | |
|---|---|
| Have you developed ANY of the following symptoms of COVID-19 infection in the last ten (10) days:<br>• Fever (either subjective or measured) or chills?<br>• Cough?<br>• Shortness of breath or difficulty breathing?<br>• Fatigue?<br>• Muscle or body aches?<br>• Unusual headache?<br>• New loss of taste or smell?<br>• Sore throat?<br>• Congestion or runny nose?<br>• Nausea or vomiting?<br>• Diarrhea? | ☐ Yes ☐ No<br>If **YES**, discontinue questions, deny access, and recommend that the individual contact their physician to discuss possible COVID-19 symptoms |
| Have you had a positive test for COVID-19 infection within the past ten (10) days? | ☐ Yes ☐ No<br>If **YES**, discontinue questions, deny access, and recommend that the individual contact their physician to discuss possible COVID-19 symptoms |
| Have you been within six (6) feet for longer than 15 minutes with someone who has suspected or confirmed COVID-19 infection, WITHOUT taking proper precautions like wearing a mask and frequently washing your hands during this contact period? | ☐ Yes ☐ No |

On each additional day of camp, please initial below that your child has NOT experienced new symptoms:

| Date | Initials | Temperature |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

An individual who answers **YES** to **ANY** question on the Initial Screening Questionnaire **OR** refuses to participate in the screening process **must** be denied access to the facility.

Access Determination ☐ Approved ☐Denied

Name of staff/volunteer completing form _____(Please print)

*Revised June 3, 2020*