

CUI
Supervisory Guide for COVID-19
Supplement 1, Rev. E

COVID-19 Self-Screening Questionnaire NNSY Employee daily self-screening	
1. Temperature Check: Any reading greater than 100.0°F entry not authorized. See ** below.	
2. YES or NO, are you currently experiencing any of the following symptoms, that you <u>cannot attribute to another health condition</u>? <ul style="list-style-type: none"> • Fever (100.0°F) or sense of having a fever • Cough • Shortness of breath or difficulty breathing • Chills • Sore throat • Unexplained muscle aches • Unusual headache • New loss of taste or smell • Unexplained fatigue • Congestion or runny nose • Nausea, diarrhea, or vomiting 	<input type="radio"/> No: proceed to question 3. <input type="radio"/> Yes: see ** below.
3. Have you been told to self-isolate or quarantine by a healthcare provider or local health department?	<input type="radio"/> No: proceed to question 4. <input type="radio"/> Yes: see ** below.
4. Have you been tested for the virus that causes COVID-19 with a positive or pending result in the last 14 days <u>due to a medical order or due to symptoms and not due to Sentinel or other precautionary testing</u>?	<input type="radio"/> No: proceed to question 5. <input type="radio"/> Yes: see ** below.
5. In the past 14 days, have you had unprotected close contact, <u>closer than 6 feet for 15 minutes within 24 hours</u> (or direct contact with infectious secretions) with someone with suspected or confirmed COVID-19?	<input type="radio"/> No: proceed to question 6. <input type="radio"/> Yes: see ** below.
6. Are you arriving/returning from out of the local area without the proper management communication/documentation?	<input type="radio"/> No: YOU MAY <u>ENTER</u> . Yes: see ** below.
**LEAVE/DO NOT ENTER the workplace, civilian employee inform supervisor, CTR inform employer, uniformed personnel inform chain of command, put on a clean mask or cloth face covering and contact/report to your medical provider. For questions 4-6 employees do not need to ROM provided they do not have any symptoms and might the following: They have tested positive and/or been diagnosed with COVID-19 within the past 3 months. They are fully immunized for greater than 2 weeks but are within the post vaccination time limit as set by the CDC.	