# COVID-19 Screening Questionnaire

1. **IN THE PAST 24 HOURS**, have you had any of the following symptoms?  
   - a. Fever  
   - b. Cough (not due to allergies)  
   - c. Sore Throat  
   - d. Shortness of Breath  
   - e. Loss of smell or taste  

   If “**YES**”, **LEAVE/DO NOT ENTER** the workplace, GS inform supervisor, CTR inform employer  

   Follow CDC Guidance.  

2. Have you **TRAVELED INTERNATIONALLY** in the past 14 days?  

   If “**YES**”, **LEAVE/DO NOT ENTER** the workplace  

   GS/contractor: DO NOT ENTER workplace for 14 days and inform supervisor/employer. Follow CDC Guidance.  

   *Entry denied  

3. Have you **TRAVELED DOMESTICALLY (U.S.)** outside of your authorized local travel radius in the past 14 days?  

   If “**YES**”, **LEAVE/DO NOT ENTER** the workplace. GS/contractor: DO NOT ENTER workplace and contact supervisor/employer for additional guidance.  

   Refer to assessment of state/county specific risk.  

4. Have you had **CLOSE PERSONAL CONTACT**, with anyone who has been diagnosed with COVID-19 in the past 14 days? (per criteria below)  
   - a. Within 6 feet for prolonged period of time  
   - b. In direct contact with infectious secretions (been coughed/sneezed upon, etc.)  

   If “**YES**”, **LEAVE/DO NOT ENTER** the workplace. Put on a clean mask or cloth face covering and contact/report to your medical provider (call ahead to inform them of your pending arrival) for quarantine determination.  

   *Entry denied  

5. **TEMPERATURE CHECK** (due to close proximity, screeners should wear cloth face covering or other mask as available):  
   - a. If temperature is **less than 100°F (37.8°C)**, allow access. Screening is complete.  
   - b. If temperature is **equal to or higher than 100°F (37.8°C)**, **LEAVE/DO NOT ENTER** the workplace, GS inform supervisor, CTR inform employer, put a clean mask on when one is available, and contact/report to your medical provider (call ahead to inform them of your pending arrival). Follow CDC Guidance.  

   *Entry denied  

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*ROM: Restriction of Movement  
