**Health Screening Questions for Employees, Patients, Visitors, Vendors, and Contractors**

**Purpose:**

To prevent the spread of novel coronavirus (COVID-19) in our community and reduce the risk of exposure to our staff and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in this building. Thank you for your understanding and time. If you answer **Yes** to any of these questions you will not be permitted to come to TSSC for 14 days and we ask that you please call your Family Doctor as well as Taylor Station at 614-751-4466.

**Questions:**

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| Please ask the following: | |
| 1 | Have you been diagnosed with a case of coronavirus (COVID-19) in the last 14 days? |
| 2 | Have you been directed to self-quarantine by any hospital or health agency in the last 14 days? |
| 3 | Have you traveled internationally in the last 14 days?  Have you traveled to any of the following locations in the last 14 days?   * New Rochelle, NY; King County, Washington; Snohomish County, Washington. [*These are a list of high-impacted areas as defined by state/local governments – this is changing rapidly and will need to updated]*.   Have you traveled on a cruise ship in the last 14 days? |
| 4 | Have you been in close contact with anyone that has traveled to any of these locations within the past 14 days?  “Close contact” is any person being within approximately 6 feet of a COVID-19 case; lives in the same household as, being an intimate partner of, or providing care for a person with a COVID-19 case; or having direct contact with infectious secretions of a COVID-19 case (being coughed on). |
| 5 | In the last 14 days, have you been in contact with:   * A confirmed novel coronavirus (COVID-19) patient within the past 14 days? * A person who is currently being screened for COVID-19 or under corona virus quarantine? |
| 6 | (Only ask if person answered no to all the questions above)  Are you currently experiencing the following symptoms?   * Fever; * Cough; or * Shortness of breath. |