

Long-term Care Facility COVID-19 Employee Screening Tool

Date: _____ Time: _____ AM/PM Employee Name: _____

Are you experiencing any of the following symptoms?

Fever (>100 °F)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments:
Chills	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments:
Cough	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments:
Shortness of breath/difficulty breathing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments:
Fatigue (new or unusual onset)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments:
Muscle or body aches	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments:
Headache (new or unusual onset)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments:
New loss of taste or smell	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments:
Sore throat	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments:
Congestion or runny nose	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments:
Nausea or vomiting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments:
Diarrhea	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments:
Other symptoms (please list):			

Have you traveled outside of Illinois in the past 14 days?

Yes Please list all states/countries that you visited within the last 14 days, including the dates of travel in each location:

No

Please return this form to the screener.

Screener name: _____ Employee temperature: _____ °F/°C

If employee answered yes to any of the symptom questions, please immediately restrict from work until all of the following criteria are met:

- At least 10 days have passed from symptom onset;
- At least 24 hours have passed since last fever without the use of fever-reducing medications;
- Improvement in symptoms (e.g., cough, shortness of breath)

Exception: If a clinical decision is made by the evaluating healthcare provider that COVID-19 is not suspected and testing is not indicated, then return to work decisions should be based on the other suspected or confirmed diagnoses.

If an employee returned from travel within the last 14 days from a country under a Level 3 travel alert or a state covered by Chicago's Emergency Travel Order (see <https://wwwnc.cdc.gov/travel/notices/warning/coronavirus-global> and <https://www.chicago.gov/city/en/sites/covid-19/home/emergency-travel-order.html>), exclude from work until 14 days have passed since their return.

Exceptions:

- 1) Employees who live in a different state and commute to Chicago for work do not need to be excluded.
- 2) If the facility is experiencing staffing shortages, healthcare workers who are tested between day 5-7 after their return can return to work as early as day 8 if they receive a negative result and have no symptoms. These HCP should continue to abide by quarantine outside of work (e.g., not going to restaurants, staying home when possible) for the full 14 days.