

# COVID-19 Screening Checklist for Parishes

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Instructions: ALL employees and visitors entering the building must be asked the following health questions. Please maintain this record for 14 days from completion of this form and have this form available upon request in the event it is needed for possible contact tracing.**

1. **Have you washed your hands or used alcohol-based hand sanitizer upon entry?**  YES  
 NO – If “No,” ask the person to do so.
  
2. **Do you have any of the following respiratory symptoms?**
  - Fever
  - New or worsening cough
  - New or worsening shortness of breath
  - Chills
  - Diarrhea or Vomiting
  - Sore Throat
  - New loss of taste
  - New loss of smell
  - If YES to any, restrict them from entering the building and send the person home.
  
3. **Employee/visitor’s temperature: \_\_\_\_\_ °F.**
  - If their temperature is 100.4 degrees or higher, restrict them from entering the building and send the person home.
  
4. **Has the employee/visitor, or someone in their household, had close, unprotected contact with a suspected or known COVID-19 patient?**  YES  NO
  - If YES, restrict them from entering the building and send the person home.
  
5. **Allow entry to building and remind individual to:**
  - Sanitize their hands throughout their time in the building.
  - Not to shake hands with, touch, or hug others during their time in the building.

Person Performing Screening: \_\_\_\_\_