CDC Facilities COVID-19 Screening Application

This web-based application follows the recent CDC Facilities COVID-19 Screening questions for employees returning to work. The application is preconfigured with the standard questions, but also allows for custom questions to be inserted. Access control credentials can be disabled within System Galaxy at a set time and would require a valid questionnaire response before the credentials are enabled in which entry would be allowed into the facility. The goal of this procedure is to have an employee complete this questionnaire on a predetermined schedule, once daily for example. Failure to submit a response or answering in an unacceptable manner would alert the staff and all them to seek further guidance from a supervisor while restricting access of the employee.

Please respond to each of the following questions truthfully and to the best of your ability. Your participation is important to help us take precautionary measures to protect you and our other employees

Meredith Aaron

Representations

1) Are you currently experiencing, or have you experienced in the past 14 days, any of the following symptoms? (Please take your temperature before you answer this question.) •

No ☐	Yes ☐	Fever (100.4° F/37.8° C or greater as measured by an oral thermometer) •
No ☐	Yes ☐	Cough •
No ☐	Yes ☐	Shortness of breath or difficulty breathing •
No ☐	Yes ☐	Sore throat •
No ☐	Yes ☐	New loss of taste or smell •
No ☐	Yes ☐	Chills •
No ☐	Yes ☐	Head or muscle aches •
No ☐	Yes ☐	Nausea, diarrhea, vomiting •

2) In the past 14 days, have you been in close proximity to anyone who was experiencing any of the above symptoms or has experienced any of the above symptoms since your contact? •

No ☐ Yes ☐

3) In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19? •

No ☐ Yes ☐

4) Have you tested positive for COVID-19, or are you presumptively positive for COVID-19 based on your health care provider's assessment or your symptoms? •

No ☑ Yes ☐

NOTE: If you have tested positive for COVID-19 or have been presumptively positive for COVID-19 based on your health care provider's assessment or your symptoms, please contact your manager or human resources representative when: (1) you have had no fever for at least 72 hours (3 full days), without the use of fever-reducing medications; (2) your other symptoms have improved; and at least 7 days have elapsed since your symptoms first appeared.

5) In the past 14 days, have you been on a commercial flight or traveled outside of the United States? •

No ☑ Yes ☐

6) In the past 14 days, have you been in close proximity to anyone who has been on a commercial flight or traveled outside of the United States? •

No ☐ Yes ☑

7) Is there any reason why you feel you are at higher risk of contracting COVID-19 or experiencing complications from COVID-19 by entering the facility? If "yes", please provide a brief explanation

No ☑ Yes ☐

Certification

I hereby certify that the response provided above are true and accurate to the best of my knowledge.

Note: If you have tested positive for COVID-19 or have been presumptively positive for COVID-19 based on your health care provider's assessment or your symptoms, please contact your manager or human resources representative when: (1) you have had no fever for at least 72 hours (3 full days), without the use of fever-reducing medications; (2) your other symptoms have improved; and at least 7 days have elapsed since your symptoms first appeared.

Your submission has not been approved. Contact your supervising manager for further instructions.

Submit Form

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