COVID-19
ACTIVE SCREENING QUESTIONNAIRE

This will be updated as the CDC and THECB information on COVID-19 continues to change.

Your health and well-being are of the upmost importance and we are taking measures to keep the facility/office a safe environment for employees as well as the individuals under our charge and the public. Therefore, anyone coming into the facility/office will be screened and part of our screening process will include asking the following questions:

1. Within the last 14-days, have you experienced a new or worsening cough that you cannot attribute to another health condition?	☐ YES ☐ NO
2. Within the last 14-days, have you experienced new or worsening shortness of breath or difficulty breathing that you cannot attribute to another health condition?	☐ YES ☐ NO
3. Within the last 14-days, have you experienced a new or worsening sore throat that you cannot attribute to another health condition?	☐ YES ☐ NO
4. Within the last 14-days, have you experienced a new or worsening headache that you cannot attribute to another health condition?	☐ YES ☐ NO
5. Within the last 14-days, have you experienced a new or worsening sore throat that you cannot attribute to another health condition?	☐ YES ☐ NO
6. Within the last 14-days, have you experienced a new or worsening diarrhea that you cannot attribute to another health condition?	☐ YES ☐ NO
7. Within the last 14-days, have you experienced a new loss of taste or smell that you cannot attribute to another health condition?	☐ YES ☐ NO
8. Within the last 14-days, have you experienced new muscle pain or aches that you cannot attribute to another health condition or a specific activity such as physical exercise?	☐ YES ☐ NO
9. Within the last 14-days, have you felt feverish, had chills, repeated shaking with chills or had a measured temperature greater than or equal to 100.0° Fahrenheit?	☐ YES ☐ NO
10. Within the last 14 days, have you had close contact, without the use of appropriate PPE, with someone who is currently sick with suspected or confirmed COVID-19?* *(Note: Close contact is defined as within 6 feet for more than 15 consecutive minutes)*	☐ YES ☐ NO

If the individual answers YES to any of the questions they will not be allowed into the facility/office unless determined otherwise by a designated DOC medical professional.