

# COVID-19 Protocols

## COVID EXPOSURE QUESTIONNAIRE

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Shift: \_\_\_\_\_

1. Have you experienced any of the following symptoms in the past 48 hours? [ ] Yes [ ] No

- |                                  |                                  |                           |
|----------------------------------|----------------------------------|---------------------------|
| • Cough                          | • Fever                          | • Headache                |
| • Shortness of breath            | • Body Aches                     | • Diarrhea                |
| • Sore Throat                    | • Fatigue                        | • Nausea                  |
| • Chills with or without shaking | • New loss of taste and/or smell | • Congestion / Runny nose |

2. Have you been diagnosed with COVID-19 within the past 20 days? [ ] Yes [ ] No

3. Have you been exposed to someone with COVID-19, who is under investigation for COVID-19, or someone suffering from a respiratory illness within the last 14 days? [ ] Yes [ ] No

4. Have you travelled to any state listed on the New Jersey Travel Advisory list during the last 14 days? [ ] Yes [ ] No

**IF YOU ANSWERED "YES" TO ANY OF THESE QUESTIONS, YOU MUST BE SCREENED BY A NURSE**

---

**By signing below, I attest to the following:**

1. I performed hand hygiene when I entered the facility and will do so repeatedly throughout the duration of my time within the facility.
2. I will wear a face mask and report only to designated areas.
3. If I develop any of the above signs and symptoms while on-the-job or within 14 days of my visit, I will:
  - Inform the facility's Nurse in Charge or Infection Preventionist
  - Self-isolate at home and contact my healthcare provider
  - Be prepared to provide information on individuals (residents and co-workers), equipment, and locations I encountered while at the facility

Signature: \_\_\_\_\_

For Consultants, Agency Staff and Vendors list place of employment: \_\_\_\_\_

**Anyone who has a temperature reading of 99.6 F or greater must be evaluated by a nurse prior to reporting to their department or visiting. Temperature to be repeated within 15 minutes.**

Temperature Reading: \_\_\_\_\_ Taken by: \_\_\_\_\_ Repeat Temp: \_\_\_\_\_ Taken by: \_\_\_\_\_