

Daily Health Screening Tool

1. Do you have any of the following symptoms today or have you had any of them in the past 7 days?

- | | | | | | |
|------------------------------------|------------------------------|-----------------------------|---|------------------------------|-----------------------------|
| Fever $\geq 100.4^{\circ}\text{F}$ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Chills with or without shaking, or teeth chattering | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sore throat | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Vomiting, diarrhea, or nausea | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dry cough | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pink eye | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Productive cough | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Joint or muscle aches | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Shortness of breath | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Loss of taste or smell | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. What is your temperature? _____

3. At any time in the past 7 days, have you ...

- Been in close contact with anyone experiencing flu-like symptoms? Yes No
- Been in contact with a person with a presumed diagnosis of COVID-19? Yes No
- Been caring for or in close contact with a laboratory-confirmed case of COVID-19? Yes No
- Visited a nursing home? Yes No
- Tested positive or had a presumed diagnosis of COVID-19 at any time AND did not notify or have not been cleared to return to work by Health Services? Yes No

If you answer **YES to any question OR you have a temperature $\geq 100.4^{\circ}\text{F}$** , **DO NOT** come into the Library. Call your supervisor for further directions and seek medical advice.

4. Email your supervisor and HSD.

DO NOT email this questionnaire to the Library. Prior to reporting to work, send **one** email to your supervisor with a copy to HSDCOVID-check-in@loc.gov with your name in the subject line with your self-assessment status.

Example:

To: Your supervisor
Cc: HSDCOVID-check-in@loc.gov
Subject: LAST NAME, First Name

I attest that I answered YES to one or more questions **and/or my temperature is $>100.4^{\circ}\text{F}$ and will not come in to the Library.** I can be reached at **[phone number]** to answer questions related to my symptoms.

OR

I attest that I have answered NO to all questions and DO NOT have a fever.