

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been in contact with a person with a presumed diagnosis of COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been caring for or in close contact with a laboratory-confirmed case of COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Visited a nursing home?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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. Send **one** email to your supervisor with a copy to HSDCOVID-check-in@loc.gov with your name in the subject line **only if you answer YES to the questionnaire OR have a temperature $\geq 100.4^{\circ}\text{F}$**

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.