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 ≥ 100.4 °F
   - Nasal and/or sinus congestion or pain
   - Cough, productive or dry
   - Conjunctivitis/Pink eye
   - Altered or loss of taste or smell
   - Chills with or without shaking, or teeth chattering
   - Fatigue
   - Sore throat
   - Runny nose
   - Shortness of breath
   - Joint or muscle aches (not exercise related)
   - Vomiting, diarrhea, abdominal pain or nausea
   - Rash or discoloration of fingers/toes
   - Headache

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?
   - Been in contact with a person with a presumed diagnosis of COVID-19?
   - Been caring for or in close contact with a laboratory-confirmed case of COVID-19?
   - 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?

If you answer Yes to any symptoms/exposures OR you have a temperature ≥ 100.4 °F, DO NOT come into the Library. Call your supervisor for further directions and seek medical advice.

4. Contact HSD for guidance if you have visited a nursing home or traveled outside of DC, Maryland or Virginia in the past 7 days.

5. Email your supervisor and HSD. DO NOT email this questionnaire to the Library.

   - At any point, if you answer YES to the questionnaire OR have a temperature ≥ 100.4 °F: Send one email to your supervisor with a copy to HSDCOVID-check-in@loc.gov with your name in the subject line stating the following:
     - I have answered YES to a question and/or I have a temperature greater than 100.4. I can be reached at [PHONE NUMBER] to answer questions related to my symptoms.

   - If you are arriving at a Library facility not on Capitol Hill, outside of screening hours at any location, or for weekend building access on Capitol Hill, send one email to your supervisor with a copy to HSDCOVID-check-in@loc.gov with your name in the subject line stating one of the following statements based on your self-assessment:
     - I have answered no to all questions and do not have a fever
     - I have answered YES to a question and/or I have a temperature greater than 100.4. I can be reached at [PHONE NUMBER] to answer questions related to my symptoms.