



COVID-19 Staff Screening Tool for Nursing Homes

Date: _____ Name: _____

Reason for entering facility: _____

Symptom Screening Questions

Please let us know if you or someone in your home has had any of the following:

	Yes	No
Fever (temperature of 100F or more)		
Cough		
Shortness of breath or difficulty breathing		
Body aches		
Chills		
Runny nose or stuffy nose		
Sore throat		
Diarrhea		

If the answer to **any** question is “**yes**”, the person should be excluded from the facility and isolate until:

- Everyone is completely free of symptoms for 72 hours, AND
- 7 days have passed since the first symptoms started

Call the Rhode Island Department of Health at 401-222-2577 for COVID-19 testing of staff who are ill.

Quarantine Screening Questions

	Yes	No
Has anyone in your household been diagnosed with COVID-19?		
Have you been told to quarantine yourself by any public health authority? If so, when does/did your 14-day quarantine end?		
Have you been in close contact (less than 6 feet for a prolonged period) with someone who has tested positive for COVID-19, without wearing appropriate personal protective equipment (PPE)?		
Have you traveled anywhere outside of the 50 United States, on a cruise, or within the United States by commercial airlines?		
Have you traveled to RI from another state by any mode of transportation?		

If the answer to **any** question is “**yes**”, the person should be excluded from the facility and should self-quarantine until **14 days** have passed since they were exposed, traveled back to Rhode Island, or started self-quarantine. (Note: Asymptomatic staff members may continue to work while wearing a mask if their absence would cause a **staffing hardship**.)

Do not write below this line. Official Use Only.

Temperature: _____ Staff signature: _____

Cleared to enter facility?

yes

no