


**SCREENING QUESTIONNAIRE FOR  
STATE OPERATED OFFICES & FACILITIES**

<p><b>1) Do you CURRENTLY have ANY of the following NEW symptoms?</b></p> <ul style="list-style-type: none"> <li>● Fever (either you felt or measured) or chills</li> <li>● Cough</li> <li>● Shortness of breath or difficulty breathing</li> <li>● Fatigue</li> <li>● Unexplained muscle or body aches</li> <li>● Unusual headache</li> <li>● Loss of taste or smell</li> <li>● Sore throat</li> <li>● Nasal congestion or runny nose</li> <li>● Nausea or vomiting</li> <li>● Diarrhea</li> </ul>	<p><input type="checkbox"/>Yes   <input type="checkbox"/>No</p> <p><b>If required by the facility, record screening temperature: _____</b></p> <p><b>(Deny entry if temperature 100.0 or greater)</b></p>
<p><b>2) In the PAST 10 DAYS, have you had any of the following:</b></p> <ul style="list-style-type: none"> <li>● <b>POSITIVE COVID-19 test?</b></li> <li>● <b>NEW symptoms of COVID-19 (from above list)?</b></li> <li>● <b>NEW symptoms of COVID-19 and a COVID-19 test that is not back yet?</b></li> </ul>	<p><input type="checkbox"/>Yes   <input type="checkbox"/>No</p>
 <p><b>STOP: If Yes to Question 1 or Question 2, deny entry. No need to ask any additional questions.</b></p>	
<p><b>3) Within the last 14 days, have you:</b></p> <ul style="list-style-type: none"> <li>● Had <b>close contact*</b> with someone diagnosed with or tested for COVID-19 because of symptoms, or</li> <li>● Been told to quarantine by a health care provider or local health department because of <b>close contact</b> with someone with COVID-19?</li> </ul>	<p>If <b>No</b>, individual may enter.</p> <p>If <b>Yes</b>, proceed to question 4.</p>
<p><b>4) Are you fully vaccinated?</b></p> <p>Fully vaccinated means:</p> <ul style="list-style-type: none"> <li>● 2 weeks or longer since your second dose in a 2-dose series, such as the Pfizer or Moderna vaccine, or</li> <li>● 2 weeks or longer since you got a single-dose vaccine, such as Johnson &amp; Johnson's Janssen vaccine</li> </ul>	<p>If No, individual may <u>NOT</u> enter.**</p> <p>If Yes, individual may enter.</p> <p>**Individuals who answer "No" to question 4 but are allowed entry as essential critical infrastructure workers may be allowed entry if approved by HR or Employee/Occupational Health.</p>

\*Close contact means being within six (6) feet for a total of 15 minutes or more over a 24-hour period (for example, three 5-minute exposures for a total of 15 minutes).

**An individual who refuses to participate in the screening process or refuses to disclose vaccination status must be denied access to the State office or facility.**