

Daily Self-Screening Survey for SCCCMHA Employees

For individuals who are going to see people in the community before coming in to SCCCMHA, and thus not being screened by a nurse at a CMH building, the following self-screening survey must be completed prior to starting your workday and submitted electronically:

Full Name: Click or tap here to enter text. Date: Click or tap to enter a date.

Supervisor Name: Click or tap here to enter text.

1. Do I have a temperature of 100.4 degrees Fahrenheit or higher?

Yes: No:

2. Pursuant to the Center for Disease Control Guidelines, do I have any of the following symptoms that I believe may be the result of COVID-19 exposure: fatigue, cough, shortness of breath or difficulty breathing, fever or chills, muscle or body aches, headache, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, and/or recent loss of smell or taste?

Yes: No:

3. If you answered “yes” to experiencing possible COVID-related symptoms please list them below, or type N/A if you are not experiencing possible COVID-related symptoms.

Click or tap here to enter text.

4. Do I know that I have tested positive for COVID-19?

Yes: No:

5. Do I know that I have been exposed to someone with confirmed COVID-19?

Yes: No:

Should an employee answer yes to any of the above questions they must not report to work and they must contact their immediate supervisor, follow up with their healthcare provider for direction and follow CDC guidelines.