

MOUNDRIDGE MANOR
EMPLOYEE/CONTRACT STAFF HEALTH SCREENING

NOTE: This form must be completed prior to beginning shift or contract work.

PRINTED Name	Date	Time
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Current Temperature: *(please recheck if less than 97.0°F)*

Do you currently have shortness of breath?	YES	NO
Do you have a new or changed cough?	YES	NO
Do you currently have a sore throat?	YES	NO
In the last 14 days, have you had prolonged close contact* with an individual diagnosed with COVID-19 <i>without</i> wearing a facemask & eye protection? <i>(If "YES" you must not enter this facility for 14 days from the date of your exposure.)</i>	YES	NO
Do you meet any of the following? <ul style="list-style-type: none"> • Traveled to Louisiana or anywhere in Colorado on or after March 27 • Traveled to California, Florida, New York, or Washing state on or after March 15 • Traveled to Illinois or New Jersey on or after March 23 • Visited Eagle, Summit, Pitkin, or Gunnison counties in Colorado on or after March 8 • Traveled on a cruise ship or river cruise on or after March 15 • Traveled internationally on or after March 15 • Have been notified by public health that you are a close contact of a confirmed COVID-19 case. <i>(If "YES" you are under a 14-day Kansas-mandated home quarantine and may not enter.)</i>	YES	NO
Please list any other nursing/healthcare facilities you have been in within the last 14 days... <i>If none, you may mark this box... <input type="checkbox"/></i>		

* "Prolonged close contact" is defined as being closer than 6 feet for more than 10 minutes while the person is symptomatic OR having unprotected direct contact with secretions or excretions of the person

If your temperature is 100°F or greater OR if you answered YES to any of the above questions, you may not enter this facility.
Employees, follow established procedures for calling in sick.