

Questionnaire for Employees or Entry to Facilities

The following questionnaire has been developed to limit the spread of COVID-19 throughout our facilities. We ask that all people that meet these criteria work from home and do not enter the facility.

The following screening questions are to be utilized for visitors entering your facilities or to be utilized by employees to determine if they should refrain from coming into work. These criteria are consistent with the criteria developed by NDoH.

- **Have you traveled in the last 14 days?**
- **Have you been in contact with any person under investigation for or confirmed with COVID-19?**
- **Temperature 100.4 or above**
- **Cough (Worsening or chronic cough)**
- **Shortness of Breath**
- **Feverish/chills**
- **Muscle Aches**
- **Sore Throat**
- **Headache**
- **Runny Nose**
- **Abdominal Pain, Nausea/Vomiting**
- **Diarrhea (Greater than 3 loose stools in 24 hours or more than normal)**

Individuals/visitors who screen positive will be instructed to return home. Employees who deem themselves positive with above criteria will call their commander or supervisor to report. Individuals are to self-isolate at home, and if necessary, contact their primary care provider by phone to discuss symptoms. At that point it is not recommended to physically go to a clinic or doctor's office, as this potentially increases the risk of transmission of COVID-19 or other illnesses. Again, if symptoms worsen, contact your primary care provider.