



# COVID-19 SCREENING TOOL

For the safety and protection of employees and visitors, the State has implemented this COVID-19 Screening Tool. Please read all of the questions and respond to the Screener.

# 1.

## HAVE YOU HAD ANY OF THE FOLLOWING SYMPTOMS IN THE PAST 3 DAYS?

	Yes	No
<b>Cough</b>		
<b>Fever of 100F or higher</b>		
<b>Shortness of breath / Difficulty breathing</b>		
<b>Chills</b>		
<b>Runny Nose/Stuffy Nose</b>		
<b>Sore Throat</b>		
<b>Diarrhea</b>		



# 2.

	Yes	No
<b>Have you returned from international travel or travel on a cruise ship in the last 14 days?</b>		
<b>Have you travelled domestically (within the U.S.) within the last 14 days?</b>		
<b>Do you have a known exposure to someone with, or under investigation for, COVID-19?</b>		

**If you have answered “Yes” to any of the questions above, you will be asked to leave the building and contact your supervisor and the Human Resources Disability Management Unit at 401-574-8401**

**If you are a visitor, please call the department or division that you were planning to visit to discuss rescheduling.**

**Thank you for helping us to stop the spread of COVID-19**