

WCCC COVID-19 SCREENING TOOL

To prevent the spread of COVID-19 on our campus, please complete the following questionnaire and adhere to these guidelines:

- Wash or sanitize your hands prior to entering the building and throughout your workday
- Wear a cloth face mask
- Maintain social distancing of at least 6 feet and limit contact to only employees and areas that are essential to complete the work
- If you cannot enter the campus based on the questions, below, please be sure to notify your WCCC contact, immediately.

First and Last Name:	Location Visiting:
Date:	Purpose of Visit:
Phone Number: () -	

Section 1

<i>Please check Yes or No to the following questions and explain where needed.</i>	Yes	No
1. In the last 10 days, have you gotten a positive result from a COVID-19 test that tested saliva or used a nose or throat swab (not blood)? If Yes, STOP, do not enter campus. You can stop answering questions. If No, please go to next question.		
2. To the best of your knowledge, in the past 14 days, have you been in close contact (within 6 feet for at least 10 minutes) with anyone while they had COVID-19? If Yes, STOP, do not enter campus. You can stop answering questions. If No, please go to next question.		
3. To the best of your knowledge, in the past 14 days, have you been in close contact (within 6 feet for at least 10 minutes) with anyone while they had COVID-19 symptoms , please see list on section 2 of this form. If Yes, STOP, do not enter campus. You can stop answering questions. If No, please go to next question.		
4. Are you living with anyone who is sick, quarantined, or isolating? If Yes, STOP, do not enter campus. If No, please go to next question.		
5. Have you Traveled outside of Maine or the United States to an area identified by the CDC as increasing epidemiologic risk for COVID-19 within the last 14 days? Where have you traveled and what dates did you travel? _____ _____		
5 b. If Yes to question 5, have you received a negative result from a COVID-19 test administered after you returned to Maine? If Yes , please go to question 5 c and then, to section 2. If No, please go to next question—5 c.		
5 c. If No to question 5b, have you quarantined for at least 14 days and not exhibited any of the symptoms in section 2, below? If YES, please go to next question. If NO, STOP, do not enter campus.		

Please see back of page for section two.

Section 2

Do you currently have any of the following symptoms? <i>Please check Yes or No.</i>	Yes	No
Temperature above 100.4 degrees F (If Yes, STOP, do not enter campus.)		
Fever or Chills		
Cough		
Sore Throat		
Loss of Taste or Smell		
Muscle Pain or Body Aches		
Diarrhea		
Nausea or Vomiting		
Shortness of Breath/Difficulty Breathing		
Headache		
Congestion or Runny Nose		

If **Yes**, to more than **two** or the temperature over 100.4, **STOP, do not enter campus.**

Thank you for helping to reduce the spread of COVID-19.

Date sent to Human Resources:

Person completing the form: