**COVID-19 Screening Tool**

Use this tool to screen DCBS clients and/or visitors for symptoms of COVID-19.

SYMPTOMS

|  |  |  |
| --- | --- | --- |
| HAVE YOU HAD ANY OF THE FOLLOWING SYMPTOMS IN THE PAST THREE DAYS, WHICH ARE NEW OR UNEXPLAINED? | YES | NO |
| COUGH |  |  |
| SHORTNESS OF BREATH OR DIFFICULTY BREATHING |  |  |
| FEVER |  |  |
| CHILLS |  |  |
| MUSCLE PAIN |  |  |
| SORE THROAT |  |  |
| HEADACHE |  |  |
| NAUSEA OR VOMITING |  |  |
| DIARRHEA |  |  |
| RUNNY NOSE OR STUFFY NOSE |  |  |
| FATIGUE |  |  |
| RECENT LOSS OF TASTE OR SMELL |  |  |
| POOR FEEDING OR POOR APPETITE (INFANTS AND CHILDREN) |  |  |

RISK FACTORS

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| Have you been in close contact (less than six feet) with anyone with COVID-19 or symptoms of COVID-19 in the past 14 days? |  |  |
| Have you traveled anywhere outside the 50 United States in the past 14 days? |  |  |
| Have you traveled outside the state of Kentucky for a non-essential purpose in the past 14 days? |  |  |
| Have you been directed to quarantine or isolate by the Kentucky Department of Health or a healthcare provider in the past 14 days? If so, when does/did your quarantine or isolation period end? |  |  |
| IF YOU HAVE ANSWERED “YES” TO ANY OF THE QUESTIONS ABOVE, YOU MAY BE ASKED TO COOPERATE WITH ALTERNATE ARRANGEMENTS FOR CONTACT WITH YOUR WORKER OR CHILD UNTIL RISK FOR COVID-19 HAS BEEN MITIGATED | | |

*05/21/2020*

