

**DAILY SCREENING QUESTIONNAIRE**

The safety of our employees, students and visitors is a top priority. We are closely monitoring the coronavirus (COVID-19) situations and will update diocesan guidelines based on current recommendations from the Center for Disease Control, the World Health Organization, as well as State and County officials.

To prevent the spread of COVID-19 and reduce potential risk of exposure, we screen employees, students and guests on a daily basis. Therefore, this questionnaire must be completed by each employee reporting to the Diocese of Saginaw and student attending school each day as well as each guest who enters the Chancery.

- (1) Have you recently tested positive for COVID-19? YES \_\_\_\_\_ NO \_\_\_\_\_
- (2) Have you had any recent symptoms of undiagnosed fever, atypical cough, atypical shortness of breath, sore throat or diarrhea? YES \_\_\_\_\_ NO \_\_\_\_\_
- (3) Have you recently had close interaction with an individual who tested positive or is being treated for COVID-19? YES \_\_\_\_\_ NO \_\_\_\_\_
- (4) In the last fourteen (14) days, have you traveled outside the State of Michigan without following CDC guidelines for social distancing and wearing masks or have you traveled to countries with widespread ongoing transmission? YES \_\_\_\_\_ NO \_\_\_\_\_

**If you answered yes to any of the above questions, access is denied** until the following criteria are met: a) 14 days have passed after the condition in which you answered "yes" in the questions above and you have experienced at least 72 hours of being symptom-free or, b) you are released to return to work by your medical health care professional or c) you recently received a professionally-administered COVID-19 test with a negative result followed by 72 hours of being symptom-free.

- (5) Please record your temperature reading from today.  
 Ages 11 – 65 normal temperature 96.6 – 99.7 Temperature \_\_\_\_\_  
 Age 65 and older normal temperature is 96.4 – 99.5

Name of employee/student/guest (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

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