

**Proposed Procedures for Screening OMH Psychiatric Center  
Hospital Employees Prior to Reporting to Work**

Employee Coronavirus (Novel COVID-19) Screening Form

Employee Name \_\_\_\_\_ Date \_\_\_\_\_

Facility/Workstation \_\_\_\_\_

Unit Worked Prior to Today \_\_\_\_\_

Unit Assigned for Today \_\_\_\_\_ Not Yet Assigned \_\_\_\_\_

**INSTRUCTIONS TO EMPLOYEE:** All Psychiatric Center employees must complete this screening form at home prior to coming in for their next shift. If unable to do so, the employee will be screened on-site prior to the start of each shift.

If you answer yes to any of the questions below, **stay at home and contact your supervisor. If you are completing this form at the Psychiatric Center and you answer yes to any of the questions, do not report to your work area. Instead, immediately call you supervisor to review.**

**This form can be reviewed by nursing, a medical provider, or infection control staff.**

1. Since your last time at work, have you had the following?
  - a. Contact with any COVID-19 positive individual Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Contact with any Person Under Investigation (PUI) Yes \_\_\_\_\_ No \_\_\_\_\_
  - c. A fever greater than 100.4 degrees Yes \_\_\_\_\_ No \_\_\_\_\_
    - i. If yes, last Temp \_\_\_\_\_ Time \_\_\_\_\_
  - d. A cough Yes \_\_\_\_\_ No \_\_\_\_\_
  - e. A sore throat Yes \_\_\_\_\_ No \_\_\_\_\_
  - f. Shortness of breath Yes \_\_\_\_\_ No \_\_\_\_\_
2. Health Care Worker Daily Alerts - If an employee develops any signs or symptoms of a respiratory infection while on the job, they should: (1) Immediately stop working, put on a facemask, and self-isolate at home; (2) inform the facility's Infection Preventionist by phone or email; and (3) contact their local health department for next steps.
3. If an employee refuses to participate in this screening form, the employee's supervisor should refer the matter to the Human Resources Department.

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Form Completed by Signature/Title