

# Employee COVID-19 Screening Questionnaire



To reduce the risk of spread of COVID-19 in the workplace, employees should be screened prior to entering work. Employees can self-screen in advance of work and on site.

Have you had two doses of the Pfizer or Moderna Covid vaccination? OR one shot of the Johnson & Johnson and has two weeks passed since your final dose?

-If so, please answer YES and N/A for the rest of the health screener. **YES or NO**

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1) I am NOT experiencing any flu-like symptoms such as fever (100°F and above) or chills, cough, shortness of breath, sore throat, fatigue (in combination with other symptoms), headache (in combination with other symptoms), muscle/body aches, runny nose/congestion (in combination with other symptoms), new loss of taste or smell, or nausea, vomiting or diarrhea.

True  
N/A

2) In the last 14 days, I have NOT had “close contact” with an individual diagnosed with COVID-19. “Close contact” means living in the same household as a person who has tested positive for COVID-19, caring for a person who has tested positive for COVID-19, being within 6 feet of a person who has tested positive for COVID-19, or coming in direct contact with secretions (i.e. sharing utensils, being coughed on) from a person who has tested positive for COVID-19 while that person was symptomatic.

True  
N/A

3) I have NOT been asked to self-isolate or quarantine by my doctor, or a local public health official.

True  
N/A

4) I have NOT returned from visiting a high-risk area in the past 14 days.

True  
N/A

5) No one in my household has returned from visiting a high-risk area in the past 14 days, or if they have, the household member(s) is following the quarantine procedure as outlined in the Governor’s travel order of August 1, 2020 (<https://www.mass.gov/info-details/covid-19-travel-order>).

True  
NA

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**If you were NOT able to answer True or N/A to any of the above questions,  
DO NOT COME TO WORK.**

**Notify Richard Lenfest at 413.822.6837 immediately.**