DAILY SCREENING QUESTIONNAIRE

To prevent the spread of COVID-19 and reduce the potential risk of exposure, the Diocese of Saginaw screens employees and visitors on a daily basis. This questionnaire must be completed by each employee and visitor who enters the Chancery or the Center for Ministry.

1.	Have you recently tested positive for COVID-19? Yes No
2.	Are you <u>currently</u> and <u>atypically</u> suffering from any of the following symptomsa fever of 100.4 degrees or greater, chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, sore throat, new loss of smell or taste, congestion or runny nose, and/or gastrointestinal problems, including nausea, diarrhea, and vomiting? Yes No
	 a. If yes, access is denied, and employee is advised to self-isolate/self-quarantine at home, until employee is permitted to return to work per the Diocesan Preparedness and Response Plan.
3.	Have you lived with, or had close contact with, someone in the last 14 days diagnosed with or displaying the symptoms of COVID-19? Yes No
	 If yes, access is denied, and employee is advised to self-isolate/self-quarantine at home, until at least 10 days after the close contact.
4.	In the last 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
	 a. If yes, access is denied, and employee is advised to self-isolate/self-quarantine at home, until at least 10 days after the close contact.
Visitors who reply "Yes" to any of the above questions are not permitted entrance.	
-	yees who develop symptoms during their shift must immediately report to their supervisor r Human Resources.
	atholic Diocese of Saginaw's Human Resource Office maintains documentation related to creenings.
1.	Please record your temperature reading from today: Ages 11- 65 normal temperature 96.6 – 99.7 Ages 65 and older normal temperature is 96.4 – 99.5
Name of	of employee or visitor: (print)
Date: _	
Signati	ure:Contact phone number: