

COVID-19 Screening Checklist for Fresno Metropolitan Flood Control District

All employees entering the building are **required** to answer the following questions.

Screening should be done at the beginning of the workday.

1. Do you have a fever?

- Yes
 No **Current Temperature** _____

2. Do you have any of the following unfamiliar respiratory symptoms?

- Cough (productive or dry) Shortness of breath
 Sore throat
 Runny nose

3. Have you had close, unprotected contact with a suspected or known COVID-19 patient (spent longer than 15 minutes within 6 feet of someone who was sick with a fever and cough)?

- Yes—Go home immediately and self-isolate for 14 days if asymptomatic
 No—Continue to next question

4. If you have subjective or documented fever OR any of the respiratory symptoms OR close contact with COVID-19 patient noted above:

- You need to contact your supervisor and go home immediately and self-isolate until you are asymptomatic for 3 days without the use of any medications, and it has been 7 days since the first day of their symptoms (whichever duration is longer)

5. If your answers to #1, #2 and #3 are "NO", you can continue to work but remember the following:

- Wash your hands with soap and water or alcohol-based sanitizer before you start work and frequently throughout the day
 Practice social distancing, sit and/or stand at least 6 ft from other people, do not shake hands or hug people, and do not share food or drinks
 Sanitize your work area before you leave
 Contact your supervisor and leave work immediately if you start to feel feverish or have respiratory symptoms

Name: _____ **Date:** _____

Signature: _____