

TODAY'S DATE: _____

NHADA FACILITIES COVID-19 SCREENING

PLEASE READ EACH QUESTION CAREFULLY

PLEASE CIRCLE THE ANSWER THAT APPLIES TO YOU AND FOLLOW THE INSTRUCTIONS BASED ON YOUR RESPONSE

1. Have you experienced any of the following unusual symptoms in the past 48 hours and that are new for you (if these are usual symptoms, say from allergies or another medical condition that you are already aware of, answer NO):

- fever or chills
- cough
- shortness of breath or difficulty breathing
- fatigue
- muscle or body aches
- headache
- new loss of taste or smell
- sore throat
- congestion or runny nose
- nausea or vomiting
- diarrhea

YES

Access to NHADA
Facilities
NOT APPROVED

NO

Proceed to
Question 2

If you have had any of the above symptoms in the last 48 hours, DO NOT physically return to the workplace until symptoms have subsided for more than 48 hours.

2. Are you isolating or quarantining because you tested positive for COVID-19 or are worried that you may be sick with COVID-19?

YES

Access to NHADA
Facilities
NOT APPROVED

NO

Proceed to
Question 3

3. Are you fully vaccinated AND/OR have you recovered from a documented COVID-19 infection in the last 3 months?

To be considered fully vaccinated, you must be ≥2 weeks following receipt of the second dose in a 2-dose series or ≥2 weeks following receipt of one dose of a single-dose vaccine.

YES

Proceed to
Question 4

NO

Proceed to
Question 4

<p>4. Have you been in close physical contact in the last 14 days with:</p> <p>(a) Anyone who is known to have laboratory-confirmed COVID-19? OR</p> <p>(b) Anyone who has any symptoms consistent with COVID-19?</p> <p><i>Close physical contact is defined as being within 6 feet of an infected/symptomatic person for a cumulative total of 15 minutes or more over a 24- hour period starting from 48 hours before illness onset (or, for asymptomatic individuals, 48 hours prior to test specimen collection).</i></p>	<p>YES</p> <p>If You are Fully Vaccinated, Proceed to Question 5</p> <p>If You are Not Fully Vaccinated Access to NHADA Facilities NOT APPROVED</p>	<p>NO</p> <p>If You are Fully Vaccinated, Proceed to the Certification Step Below Access to NHADA Facilities APPROVED</p> <p>If You are Not Fully Vaccinated Proceed to Question 6</p>
<p>5. Were you tested 3-5 days after your exposure with the close contact?</p>	<p>YES</p> <p>Proceed to the Certification Step Below</p> <p>Access to NHADA Facilities APPROVED</p>	<p>NO</p> <p>Access to NHADA Facilities NOT APPROVED</p>
<p>6. Are you currently waiting on the results of a COVID-19 test?</p> <p>IMPORTANT: ANSWER “NO” IF YOU ARE WAITING ON THE RESULTS OF A PRE-TRAVEL OR POST-TRAVEL COVID-19 TEST</p>	<p>YES</p> <p>Access to NHADA Facilities NOT APPROVED</p>	<p>NO</p> <p>Proceed to Question 7</p>
<p>7. Have you traveled internationally (excluding Canada) or been on a cruise ship in the in the past 10 days?</p>	<p>YES</p> <p>Access to NHADA Facilities NOT APPROVED</p>	<p>NO</p> <p>Proceed to the Certification Step Below Access to NHADA Facilities APPROVED</p>

I certify that my responses are true and correct