



COVID-19 Screening Attestation

Employee Name: _____

Date: _____

Screener Name and Title _____

Self-screen

Please note: Every HCA has the responsibility to prevent the transmission of COVID-19. One way to do that is to self-screen before each shift and wear PPE. **Always let the supervisor know before going to work if you have any symptoms or have tested positive even if you have no symptoms. You have an ongoing responsibility to let ATC know if the answers below change.**

1. Have you traveled within the past fourteen (14) days other than by car within your state?*

Yes

No

If yes, where have you traveled? _____

2. Have any members of your household tested positive for COVID-19 during the last 14 days?

Yes

No

3. Have you tested positive (+) for COVID-19 within the past 14 days?

Yes

No

4. Do you have pending COVID-19 test results?

Yes

No

5. Do you have any of the following symptoms?***

Fever of 100.4 F or above

Yes

No

Headache

Yes

No

Chills

Yes

No

New loss of taste or smell

Yes

No

Shortness of breath

Yes

No

Sore throat

Yes

No

Difficulty breathing

Yes

No

Congestion or runny nose

Yes

No

Fatigue

Yes

No

Nausea or vomiting

Yes

No

Muscle or body aches

Yes

No

Diarrhea

Yes

No

6. Yes, I attest to all of my answers above.

7. No, I cannot attest and will call my supervisor.

Employee Signature: _____

Date: _____

***If you have plans to travel to an area affected by Coronavirus (COVID-19), please advise your employer immediately.**

****Contact your physician if you have any symptoms listed in #5.**

CDC list of symptoms of COVID-19 <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

Please visit the CDC website at <https://www.cdc.gov/coronavirus/2019-ncov/index.html> for more information on the Coronavirus (COVID-19).

Hand Hygiene: All caregivers must practice hand hygiene according to the [CDC hand hygiene guidelines](#) by using soap and water or approved hand sanitizer for at least 20 seconds.