

SMACHS COVID-19 Screening Checklist for Students, Staff, and Visitors

ALL individuals (students, staff, and visitors) entering SMACHS **MUST** be screened using the checklist below. Refusal to answer any or all of the below questions will result in entry being denied. This form will be maintained on record at SMACHS in accordance with Rappahannock Area Health Department (RAHD) regulations in order to facilitate COVID-19 investigations should the need arise.

1. **No Touch Temperature reading at time of entry:** _____ (specify Fahrenheit or Celsius)

* IF TEMPERATURE IS GREATER THAN 100.4F DENY ENTRY TO SMACHS.

2. **Has this individual washed their hands or used alcohol-based hand rub upon entry?**

___ YES

___ NO (Please ask them to do so now)

3. **Ask the individual if they have ANY of the following respiratory symptoms?**

___ Cough

___ Shortness of Breath

4. **Ask the individual if they have ANY TWO of the following respiratory symptoms?**

___ Fever

___ Chills

___ Repeated shaking with chills

___ Muscle Pain

___ Headache

___ Sore Throat

___ Vomiting

___ Diarrhea

___ Loss of taste

___ Loss of smell

* IF YES TO ANY, DENY ENTRY TO SMACHS.

* IF NO TO ALL PROCEED TO QUESTION #5.

5. **Remind individual of all SMACHS rules:**

- a. Social distance of **AT LEAST** six (6) feet between individuals;
- b. Masks must be worn at all times;
- c. Restrooms may only be used in groups of two;
- d. All **VISITORS** must restrict their visit to designated areas **ONLY**.

Visitor Name and Date (Printed)

_____ / _____

Staff Member Name and Date (Printed)

_____ / _____

**THIS DOCUMENT WILL BE RETAINED ON FILE AT SMACHS WITH THE NURSE'S
OFFICE**