



Health Screening COVID-19 Questionnaire: All individuals entering BCC are asked the following questions upon entry by a trained staff member.

Have you experienced any mild to severe symptoms of COVID-19 in the past 14 days, including: Fever (100.4<) or chills, Cough, Shortness of breath, Fatigue, Muscle or body aches, Headache, New loss of taste or smell, Sore throat, Congestion or runny nose, Nausea or vomiting, Diarrhea

1. Has anyone in your household experienced any of these symptoms in the past 14 days or is presumed positive for COVID-19 and is self-isolating?
2. Have you or anyone in your household been exposed to someone with COVID-19 in the past 14 days or has cared for someone with COVID-19 symptoms?
3. Have you or anyone in the household traveled internationally or on a cruise ship in the last 14 days?

If the individual answers yes to any of these questions, they will not be admitted entry to BCC and staff will follow-up with next steps.

Actions Taken by BCC:

Name of individual: _____

Date: _____

Individual Sent Home

Staff follows-up by phone

Plan and Next Steps: _____
