

COVID-19 (Coronavirus) Screening Tool

Check Any that Apply



Name: _____

Date of Screening: _____

StarCare Employee Number: _____

Vender Company Name: _____

1. Did you wash your hands or use alcohol-based hand rub upon entry?
 - Yes • No **Please do so.**

2. Do you have any signs or symptoms of a respiratory infection such as:

<ul style="list-style-type: none"> • Fever greater than 100 or feel feverish • New cough • Sore throat • New shortness of breath/breathing difficulties 	<ul style="list-style-type: none"> • Runny nose • New loss of taste or smell • Diarrhea, vomiting, muscle pain, chills, or headache
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If Yes to any, do not enter building.

3. Have you been around anyone who has been sick with any of the symptoms listed above or who has traveled outside the country within the last 14 days?
 - Yes • No

4. Within the last 14 days, have you had close contact with someone who tested positive with COVID-19 or who is under investigation for COVID-19?
 - Yes • No

5. Have you traveled outside of Lubbock within the last 14 days?
 - Yes Where: _____
 Mode of transportation: _____
 - No

6. Have you worked in a facility or location with recognized COVID-19 cases?
 - Yes **Additional screening required before entering building.**
 - No

7. Have you been fully vaccinated for Covid-19 vaccines? If so when? _____
 - Yes
 - No

If entry is allowed, please:

- Wash your hands or use alcohol-based hand rub throughout your time in the building.
- Do not shake hands with, touch, or hug individuals during your visit.

Masks must be worn (staff see Mask Protocol for exceptions).

If there are confirmed COVID-19 cases in the building, additional PPE and other infection control precautions will be required.

Staff Reviewing Screening: _____

Print Name

Date

Access Granted _____

Access Denied _____