WA DOC COVID-19 ACTIVE/PASSIVE SCREENING QUESTIONNAIRE – PHASE 2

This will be updated as the CDC and WA State Health Department’s information on COVID-19 continues to change.

Your health and well-being are of the utmost importance. Measures are being taken to keep the facility/office a safe environment for employees as well as the individuals under our charge, and the public. Therefore, anyone coming into the facility/office will be screened. The screening process will include taking temperatures and asking the following questions:

1. Do you have any of the symptoms below that are not caused by another health condition?
   a. Fever or chills
   b. Cough
   c. Shortness of breath or difficulty breathing
   d. Fatigue
   e. Muscle or body aches
   f. Headache
   g. Recent loss of taste or smell
   h. Sore throat
   i. Congestion
   j. Nausea or vomiting
   k. Diarrhea

2. Within the last 5 days, have you tested positive for COVID-19 OR are you awaiting results of a COVID-19 test for symptoms? (Note: This does NOT include pending routine COVID-19 testing for asymptomatic individuals)

3. Within the past 5 days, has a public health or medical professional told you to self-isolate, because of concerns about a COVID-19 infection? (Note: this doesn’t include the continued self-monitoring done as a regular part of your duties consistent with CDC guidance)

4. Have you been in close contact with someone who is currently suspected or confirmed COVID-19 within the past 10 days? (Close contact is being within 6 feet for 15 cumulative minutes or more over a 24-hour period; or having direct contact with fluids from a person with COVID-19 with or without wearing a mask (i.e., being coughed or sneezed on). If YES, follow the Phase 2 Return to Work Guidance flyer.

If the individual answers YES to any of the questions above OR has a temperature greater than or equal to 100.4°, they will be denied access into the facility/office unless determined otherwise by a designated DOC medical professional. Prior to sending the individual home, provide them with the Phase 2 Return to Work Guidance flyer and enter the new case into the Department Outbreak Tracing System (DOTS).

The following question is for the purposes of testing ONLY and will not be used for screening individuals in or out of the workplace.

5. Any site conducting DOC COVID-19 Staff Serial Testing is expected to ask: If you are coming from a county designated in a community level of moderate (yellow) or high (red), have you tested negative in the last seven (7) days? COVID-19 Integrated County View Tracker.
   If NO, refer to complete Rapid Antigen Testing.

UPDATED: 9/1/2022
WA DOC COVID-19 ACTIVE/PASSIVE SCREENING QUESTIONNAIRE - PHASE 3

This will be updated as the CDC and WA State Health Department’s information on COVID-19 continues to change.

Your health and well-being are of the utmost importance. Measures are being taken to keep the facility/office a safe environment for employees as well as the individuals under our charge, and the public.

Therefore, anyone coming into the facility/office will be screened.

The screening process will include taking temperatures and asking the following questions.

1. **Do you have any of the symptoms** below that are not caused by another health condition?

   a. Fever or chills
   b. Cough
   c. Shortness of breath or difficulty breathing
   d. Fatigue
   e. Muscle or body aches
   f. Headache
   g. Recent loss of taste or smell
   h. Sore throat
   i. Congestion
   j. Nausea or vomiting
   k. Diarrhea

2. **Within the last 5 days, have you tested positive for COVID-19 OR are you awaiting results of a COVID-19 test for symptoms?** *(Note: This does NOT include pending routine COVID-19 testing for asymptomatic individuals)*

3. **Within the past 5 days, has a public health or medical professional told you to self-isolate, because of concerns about a COVID-19 infection?** *(Note: this doesn’t include the continued self-monitoring done as a regular part of your duties consistent with CDC guidance)*

If the individual answers **YES** to any of the questions above OR has a temperature greater than or equal to 100.4°, they will be denied access into the facility/office unless determined otherwise by a designated DOC medical professional.

Prior to sending the individual home, **provide them with the Phase 3 Return to Work Guidance flyer** and enter the new case into the Department Outbreak Tracing System (DOTS).

The following questions are for the purposes of **testing ONLY** and will **not be used for screening individuals in or out** of the workplace.

4. **Have you been in close contact with someone who is currently suspected or confirmed COVID-19 positive within the past 10 days?**

   Close contact is being **within 6 feet for 15 cumulative minutes or more over a 24-hour period**; or having direct contact with fluids from a person with COVID-19 with or without wearing a mask (i.e., being coughed or sneezed on).

   **If YES, follow close contact guidance per Phase 3 return to work flyer.**

5. **Any site conducting DOC COVID-19 Staff Serial Testing is expected to ask:** If you are coming from a county designated in a community level of moderate (yellow) or high (red), have you tested negative in the last seven (7) days? **COVID-19 Integrated County View Tracker**.

   **If NO, refer to complete Rapid Antigen Testing.**

**UPDATED: 9/1/2022**