COVID-19 SCREENING
WORKPLACE DENIAL

Please complete this form immediately and provide it to your supervisor/designee prior to leaving your work location.

Name: ____________________________ Date: ______________ Time: ___________

Position: __________________________ Supervisor: __________________________

Work schedule: ____________________ Work location/unit: ______________________

Last date physically at work: ______________ Telephone number(s): ______________

I am not being allowed entry into the workplace for the following reason(s) with the associated screening question number(s) *.

<table>
<thead>
<tr>
<th>#</th>
<th>Reason for denied entry</th>
<th>Initial</th>
<th>#</th>
<th>Reason for denied entry</th>
<th>Initial</th>
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You are required to contact the secondary screening nurse identified below for your facility/office location today before the end of your scheduled work shift to arrange a phone appointment to assess your ability to return to work.

If you fail to call the secondary screener prior to the end of your scheduled work shift on the day you are denied entry, you will be placed on your own leave or unauthorized leave without pay in accordance with the applicable leave laws or collective bargaining agreement.

AHCC & WCCW
(360) 480-3936
CBCC & WSP
(360) 810-1973

CCCC, MCCCW & SCCC
(360) 999-3673
CRCC & Satellite offices
(310/NO/ISRB/Maple Lane/
McNeill/SWRBO/TGU/TUM5)

LCC & CCD
(360) 810-1722
MCC & OCC
(360) 810-1722

WCC & Reentry Centers
(509) 710-8297

If you reach the secondary screener’s voicemail, you must leave a clear message to include your full name, position, date, time of call, assigned work location, valid phone number(s), and a timeframe you will be available to receive a call back. You are required to answer all calls at the designated number during the timeframe you indicated in the voicemail. The secondary screener nurse will return the call within 48-hours.

Your signature below acknowledges that you understand your responsibilities as outlined above. Additionally, you’re acknowledging you potentially have a contagious disease, or were exposed to someone who has, and coming to work would jeopardize the health of others. *(Provide employee a blank form, when unable to copy prior to leaving worksite)*

__________________________
Employee name

__________________________
Signature

__________________________
Date

__________________________
Active screener/supervisor name

__________________________
Signature

__________________________
Date

**Supervisor/designee**: Did employee call in related to being denied access due to screening?  □ Yes  □ No

If **YES**, read the employee’s responsibilities over the phone and confirm their understanding. Make sure this form is completed and sent your facility/site SL2S (e.g., DOC AHCC SL2S) distribution list for entry into the Department Outbreak Tracing System (DOTS) by your designated contributor. Send a blank copy of the form via email to the employee and indicate “via phone” on signature line above. Ensure the form is routed to the local Human Resources office for retention.

Secondary screening is the process used after an employee is denied entry to the workplace due to COVID-19 active screening process.

**Active screening – Reference**: Covid-19 Active Screening Questionnaire

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

**SL2S distribution list:**

AHCC: DOCDLAHCCSL2S@DOC1.WA.GOV
CBCC: DOCDLCBCCSL2S@DOC1.WA.GOV
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CRCC: DOCDLCRCCSL2S@DOC1.WA.GOV
LCC: DOCDLCCCLSL2S@DOC1.WA.GOV
MCC: DOCDLMCCSL2S@DOC1.WA.GOV
MCCGW: DOCDLMCCCSSL2S@DOC1.WA.GOV
OCC: DOCDLOCCLSSL2S@DOC1.WA.GOV
SCCC: DOCDLSCCSSLS2S@DOC1.WA.GOV
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WSP: DOCDLWSPSL2S@DOC1.WA.GOV
Reentry Centers: DOCDLWRSL2S@DOC1.WA.GOV
CCD offices: DOCDLCDDSL2S@DOC1.WA.GOV
Satellite offices: DOCDLAODL2SL@DOC1.WA.GOV

Distribution: ORIGINAL - Employee Occupational Health Record

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