

COVID-19 (CORONA VIRUS) SURVEILLANCE FORM STAFF

Updated 3/18/20

Name: _____ Date: _____

Completed by RN

- For Employees at start of shift
- ALL Employees are responsible to report any development of respiratory symptoms to their supervisor prior to coming to work

SECTION A: IDENTIFY

1. In the last 30 days have you traveled outside the country or taken a cruise?

Yes Dates: _____

No

IF YES, WHERE: _____ (determine if this is a current high risk area)

2. Have you been to a domestic area with community incidents?

Yes Date: _____

No

3. Have you had close contact with someone who has been known to have COVID 19

Yes Date: _____

No

4. Have you had a Fever (100.4 degrees F.), Cough, Shortness of Breath in the last 24hours?

Yes Date: _____

No

SECTION B: ACT

- Staff answering **YES** to any above: Notify their supervisor and recommend provider evaluation and monitoring.
- If asymptomatic, but has been exposed to a positive COVID 19 patient, employee **can** work but must wear a mask at all times.
 - ****Temperature must then be monitored twice a day. If symptoms develop, the employee must be referred to a provider and sent home on self isolation.**

SECTION C: INFORM

Notify the DON (Christina Airhart) **immediately** for additional reporting and guidance. Notify at ext. 413 or 208.301.8822 at any time. (call or text)

**COVID-19 (CORONA VIRUS) SURVEILLANCE FORM
STAFF**

Date March 2020	Temp at Start of Shift	Indicate if Screening was Completed or Unchanged in the Last 24 Hours	Action
1		<input type="checkbox"/> Completed <input type="checkbox"/> Screening Unchanged in Last 24 hours	<input type="checkbox"/> None <input type="checkbox"/> Sent Home
2		<input type="checkbox"/> Completed <input type="checkbox"/> Screening Unchanged in Last 24 hours	<input type="checkbox"/> None <input type="checkbox"/> Sent Home
3		<input type="checkbox"/> Completed <input type="checkbox"/> Screening Unchanged in Last 24 hours	<input type="checkbox"/> None <input type="checkbox"/> Sent Home
4		<input type="checkbox"/> Completed <input type="checkbox"/> Screening Unchanged in Last 24 hours	<input type="checkbox"/> None <input type="checkbox"/> Sent Home
5		<input type="checkbox"/> Completed <input type="checkbox"/> Screening Unchanged in Last 24 hours	<input type="checkbox"/> None <input type="checkbox"/> Sent Home
6		<input type="checkbox"/> Completed <input type="checkbox"/> Screening Unchanged in Last 24 hours	<input type="checkbox"/> None <input type="checkbox"/> Sent Home
7		<input type="checkbox"/> Completed <input type="checkbox"/> Screening Unchanged in Last 24 hours	<input type="checkbox"/> None <input type="checkbox"/> Sent Home
8		<input type="checkbox"/> Completed <input type="checkbox"/> Screening Unchanged in Last 24 hours	<input type="checkbox"/> None <input type="checkbox"/> Sent Home
9		<input type="checkbox"/> Completed <input type="checkbox"/> Screening Unchanged in Last 24 hours	<input type="checkbox"/> None <input type="checkbox"/> Sent Home
10		<input type="checkbox"/> Completed <input type="checkbox"/> Screening Unchanged in Last 24 hours	<input type="checkbox"/> None <input type="checkbox"/> Sent Home
11		<input type="checkbox"/> Completed <input type="checkbox"/> Screening Unchanged in Last 24 hours	<input type="checkbox"/> None <input type="checkbox"/> Sent Home
12		<input type="checkbox"/> Completed <input type="checkbox"/> Screening Unchanged in Last 24 hours	<input type="checkbox"/> None <input type="checkbox"/> Sent Home
13		<input type="checkbox"/> Completed <input type="checkbox"/> Screening Unchanged in Last 24 hours	<input type="checkbox"/> None <input type="checkbox"/> Sent Home
14		<input type="checkbox"/> Completed <input type="checkbox"/> Screening Unchanged in Last 24 hours	<input type="checkbox"/> None <input type="checkbox"/> Sent Home
15		<input type="checkbox"/> Completed <input type="checkbox"/> Screening Unchanged in Last 24 hours	<input type="checkbox"/> None <input type="checkbox"/> Sent Home
16		<input type="checkbox"/> Completed <input type="checkbox"/> Screening Unchanged in Last 24 hours	<input type="checkbox"/> None <input type="checkbox"/> Sent Home
17		<input type="checkbox"/> Completed <input type="checkbox"/> Screening Unchanged in Last 24 hours	<input type="checkbox"/> None <input type="checkbox"/> Sent Home
18		<input type="checkbox"/> Completed <input type="checkbox"/> Screening Unchanged in Last 24 hours	<input type="checkbox"/> None <input type="checkbox"/> Sent Home
19		<input type="checkbox"/> Completed <input type="checkbox"/> Screening Unchanged in Last 24 hours	<input type="checkbox"/> None <input type="checkbox"/> Sent Home
20		<input type="checkbox"/> Completed <input type="checkbox"/> Screening Unchanged in Last 24 hours	<input type="checkbox"/> None <input type="checkbox"/> Sent Home
21		<input type="checkbox"/> Completed <input type="checkbox"/> Screening Unchanged in Last 24 hours	<input type="checkbox"/> None <input type="checkbox"/> Sent Home

**COVID-19 (CORONA VIRUS) SURVEILLANCE FORM
STAFF**

22		<input type="checkbox"/> Completed <input type="checkbox"/> Screening Unchanged in Last 24 hours	<input type="checkbox"/> None <input type="checkbox"/> Sent Home
23		<input type="checkbox"/> Completed <input type="checkbox"/> Screening Unchanged in Last 24 hours	<input type="checkbox"/> None <input type="checkbox"/> Sent Home
24		<input type="checkbox"/> Completed <input type="checkbox"/> Screening Unchanged in Last 24 hours	<input type="checkbox"/> None <input type="checkbox"/> Sent Home
25		<input type="checkbox"/> Completed <input type="checkbox"/> Screening Unchanged in Last 24 hours	<input type="checkbox"/> None <input type="checkbox"/> Sent Home
26		<input type="checkbox"/> Completed <input type="checkbox"/> Screening Unchanged in Last 24 hours	<input type="checkbox"/> None <input type="checkbox"/> Sent Home
27		<input type="checkbox"/> Completed <input type="checkbox"/> Screening Unchanged in Last 24 hours	<input type="checkbox"/> None <input type="checkbox"/> Sent Home
28		<input type="checkbox"/> Completed <input type="checkbox"/> Screening Unchanged in Last 24 hours	<input type="checkbox"/> None <input type="checkbox"/> Sent Home
29		<input type="checkbox"/> Completed <input type="checkbox"/> Screening Unchanged in Last 24 hours	<input type="checkbox"/> None <input type="checkbox"/> Sent Home
30		<input type="checkbox"/> Completed <input type="checkbox"/> Screening Unchanged in Last 24 hours	<input type="checkbox"/> None <input type="checkbox"/> Sent Home
31		<input type="checkbox"/> Completed <input type="checkbox"/> Screening Unchanged in Last 24 hours	<input type="checkbox"/> None <input type="checkbox"/> Sent Home

Employee Signature: _____ Date: _____