



Northeast Residence

NER Direct Care Staff COVID-19 Health Screening Checklist

In the interest of protecting the health of our visitors, staff and people we support, all NER direct care staff are required to complete this checklist and have it reviewed by their supervisor at the beginning of every visit to an NER facility.

Name: _____

Date: _____ Time: _____ NER Location(s): _____
MM/DD/YYYY

| Symptom | Yes | No |
|-------------------------------------------|--------------------------|--------------------------|
| Take your temperature. Higher than 100.4? | <input type="checkbox"/> | <input type="checkbox"/> |
| New cough? | <input type="checkbox"/> | <input type="checkbox"/> |
| Shortness of breath? | <input type="checkbox"/> | <input type="checkbox"/> |
| New sore throat? | <input type="checkbox"/> | <input type="checkbox"/> |
| New muscle aches? | <input type="checkbox"/> | <input type="checkbox"/> |
| New headache? | <input type="checkbox"/> | <input type="checkbox"/> |
| New loss of smell or taste? | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered "Yes" to any of the symptoms listed above, please notify your supervisor immediately, leave the NER facility, stay away from other people, and contact a healthcare professional. Your supervisor will notify Human Resources.

Revised: 10/22/2020