REOPENING RI

COVID-19 Screening Tool

Use this tool to screen employees, clients, and/or visitors for symptoms of COVID-19.

SYMPTOMS

HAVE YOU HAD ANY OF THE FOLLOWING SYMPTOMS IN THE PAST THREE DAYS?	YES	NO
COUGH		
SHORTNESS OF BREATH OR DIFFICULTY BREATHING		
FEVER OR CHILLS		
MUSCLE OR BODY ACHES		
SORE THROAT		
HEADACHE		
NAUSEA OR VOMITING		
DIARRHEA		
RUNNY NOSE OR STUFFY NOSE		
FATIGUE		
RECENT LOSS OF TASTE OR SMELL		

RISK FACTORS

	YES	NO
Have you been in close contact (less than six feet) with anyone with COVID-19 or symptoms of COVID-19 in the past 14 days?[1]		
Have you traveled anywhere outside the 50 United States in the past 14 days?		
Have you traveled to Rhode Island for a non-work-related purpose from another city, town, county, or state that currently has a stay-at-home restriction, a shelter-in-place restriction, or a similar restriction, declaration, or announcement due to a COVID-19 outbreak?[2]		
Have you been directed to quarantine or isolate by the Rhode Island Department of Health or a healthcare provider in the past 14 days? If so, when does/did your quarantine or isolation period end?		

IF YOU HAVE ANSWERED "YES" TO ANY OF THE QUESTIONS ABOVE, YOU WILL BE ASKED TO LEAVE THE BUILDING.

- **Employees: Please contact your supervisor and your Human Resources representative.**
- **Visitors: Please call to discuss when you can return to this facility.**

[1] Does not apply to people who come into contact with people with symptoms of COVID-19 during the course of their daily work while wearing full and appropriate personal protective equipment (PPE). See https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html for more information.

[2] Public health, public safety, and healthcare workers are exempt. Does not apply to anyone traveling for medical treatment, to attend funeral or memorial services, to obtain necessities like groceries, gas, or medication, to drop off or pick up children from day care, or to anyone who must work on their boats.

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