Coronavirus Screening and Reminders

*Masks must be worn regardless of vaccination status -or- reason for being in the building*

Be Respectful of people’s space. When possible, remain 6 ft apart from others.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date/Time:</th>
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</table>

**Visiting:**

- [ ] Unemployment Insurance
- [ ] Employment & Training
- [ ] Industrial Affairs
- [ ] Vocational Rehabilitation
- [ ] Not Sure

<table>
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<tr>
<th>DOL Staff Person Name if known:</th>
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**In the last 10 days:**

1. Have you had or do you currently have a fever greater than 99.5°F Fahrenheit?  
   - Yes [ ]  
   - No [ ]

2. Are you experiencing symptoms of lower respiratory illness? (e.g., cough, shortness of breath)  
   - Yes [ ]  
   - No [ ]

3. Have you tested positive for or are awaiting results for COVID 19?  
   - Yes [ ]  
   - No [ ]

4. Have you had close contact with someone who has tested positive for or is awaiting results for COVID 19?  
   - Yes [ ]  
   - No [ ]

Individuals answering “Yes” to any of the questions above should immediately leave the office and seek guidance from their medical provider or the Division of Public Health.

**If answered “NO” to all questions: Individual is cleared for purpose of this screening**

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