

NAIK YMCA

COVID-19 Screening Tool

Use this tool to screen members, vendors 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 | | |
| CHILLS | | |
| MUSCLE PAIN | | |
| SORE THROAT | | |
| HEADACHE | | |
| NAUSEA OR VOMITING | | |
| DIARRHEA | | |
| RUNNY NOSE OR STUFFY NOSE | | |
| FATIGUE | | |
| RECENT LOSS OF TASTE OR SMELL | | |
| POOR FEEDING OR POOR APPETITE (INFANTS AND CHILDREN) | | |

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? | | |
| Have you traveled anywhere outside the 50 United States in the past 14 days? | | |
| Have you traveled to Connecticut from another state for a non-work-related purpose in the past 14 days? ¹ | | |
| Have you been directed to quarantine or isolate by the Connecticut 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. <ul style="list-style-type: none">• Employees: Please contact your supervisor and your Human Resources representative.• Visitors: Please call to discuss when you can return to this facility. | | |

¹ 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.