

Diocese of Owensboro

COVID-19 Essential Workplace Screening Tool

Employee Name:

Date:

Diocesan Location:

Employees must complete this daily health risk assessment form before working at a diocesan location.

Date:

Date:

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| In the past 24 hours, have you experienced: | Yes | No |
|---|-----|----|
| Fever (felt feverish or above 100.4° F)? | | |
| New or worsening cough? | | |
| Chills? | | |
| Muscle pain or severe headache? | | |
| New loss of taste or smell? | | |
| Shortness of breath? | | |
| Nausea, vomiting or diarrhea? | | |
| To the best of your knowledge, in the past 48 hours, have you been in close contact (within 6 feet for at least 15 minutes cumulative) with anyone that tested positive for COVID-19? | | |
| In the past 14 days, have you traveled to a state with a 15% or higher positivity COVID-19 rate? | | |
| If you answered yes to the above question, did you either self-quarantine for 10 days upon your return or self-quarantine for 5 days and then take a COVID-19 test? | | |

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If you answer “yes” to any of the questions listed, except the last question, or your temperature is 100.4° F or higher, please do not go into work. An employee who experiences any of these symptoms should not report to work. Instead the employee should contact his or her employer for further direction. The employee should also contact their doctor or use telemedicine and be tested for COVID-19 immediately.

Employees are required to return this form at least weekly to the person at the diocesan location who handles human resources or payroll.

Fully vaccinated persons (individuals who are more than 2 weeks post the receipt of their final dose) with an exposure to someone with suspected or confirmed COVID-19 are not required to quarantine if they remain asymptomatic after exposure. Fully vaccinated individuals (who are more than 2 weeks post the receipt of their final dose) do not have to follow the travel guidelines.

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