COVID-19 SCREENING

In order to ensure the health and safety of CDCR/CCHCS employees, our population, and visitors, we have implemented a screening questionnaire that **must be completed every time prior to entering this facility**

Do you have any new or worsening symptoms not caused by an underlying health care condition:

- Fever of 100.4 or greater or chills?
- Cough?
- Shortness of breath or difficulty breathing?
- Unexplained or unusual fatigue?
- Muscle or body aches?
- Headache?
- Loss of taste or smell?
- Sore throat?
- Congestion or a runny nose?
- Nausea or vomiting?
- Diarrhea (3 or more loose stools within 24 hours)?

Within the past 14 days, have you while not wearing appropriate personal protective equipment been in close physical contact (within 6 feet or closer for a cumulative total of 15 minutes or more over a 24-hour period) with a person who is known to have laboratory confirmed COVID-19 or with anyone who has any symptoms consistent with COVID-19?

**IF YOU ARE EXPERIENCING ANY OF THE ABOVE SYMPTOMS OR SITUATIONS, DO NOT ENTER THIS FACILITY**