



COVID-19 Daily Screening Questionnaire

To ensure the safety of everyone at PTC, please complete this daily screening questionnaire. Individuals that answer “NO” to all screening questions AND have a temperature below 100.4 degrees will be able to enter the program facility. The information on this questionnaire will be maintained as confidential.

1. In the past 24 hours, have you experienced any of the following symptoms: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, sneezing, nausea or vomiting, diarrhea. Updated list of symptoms available at www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html.

YES NO

2. In the past 24 hours have you had a temperature over 100.4 degrees and/or taken any fever reducing medication?

YES NO

3. In the past 14 days have you been in close contact with anyone who has tested positive for COVID-19? (Close contact is defined as someone who has spent 10 or more minutes within six feet of a person who exhibits COVID-19 symptoms.) Please note that if close contact was solely due to continuing care for an infected individual in the residence or other healthcare setting and appropriate PPE was worn during that encounter, answering yes to this question does not preclude a staff person from working unless they exhibit symptoms.

YES NO

4. In the past 14 days have you travelled outside of New Jersey to any area subject to a level 3 CDC Travel Health Notice or to a U.S. state with significant COVID-19 spread, as identified by the New Jersey Department of Health?

CDC Travel Notices: www.cdc.gov/coronavirus/2019-ncov/travelers/index.html

NJ DOH travel advisory information: <https://covid19.nj.gov/travel>

YES NO

Certification

My signature acknowledges that all of the information provided is accurate and true to the best of my knowledge.

Client or Guardian Printed Name

Client or Guardian Signature

Date