



**COUNTY OF MONTEREY
EMPLOYEE COVID-19 SCREENING ASSESSMENT FORM**

Pursuant to the Human Resources Emergency Response Manual Section 21 Temperature Testing and Self-Screening Assessment for New Symptoms Associated with COVID-19, County employees are **REQUIRED** to complete a self-screening assessment prior to entering any County facility or worksite. **This form shall be completed by employees who elected not to access and complete the online self-screening assessment options provided by the County. Once complete, please provide this self screening assessment form to your supervisor/manager.**

Employee Name

Employee E-Mail Address

Employee Temperature Assessment:

I have been tested with a thermometer and my temperature is or is less than 100.4 degrees Fahrenheit:

Yes

No

If you answered “Yes,” proceed to the Symptom Self-Screening Assessment section below of this form (Symptom Self-Screening Assessment #1). If you answered “No,” skip to and complete the employee signature section of this form and contact your supervisor immediately for further direction.

Symptom Self-Screening Assessment:

1. Are you ill or regularly caring for someone who is ill? (Check the applicable answer)

Yes

No

If you answered “Yes,” proceed to question 2. If you answered “No,” skip to and complete the employee signature section of this form, and proceed to your worksite.

2. Are you experiencing any of the following **8 life-threatening** symptoms? (Check all that apply)

- Blue-colored lips or face
- Severe and constant pain or pressure in the chest
- Severe and constant dizziness or lightheadedness
- Acting confused (new or worsening)
- Unconscious or very difficult to wake up
- Slurred speech (new or worsening)
- New seizure or seizures that won’t stop
- New loss of taste or smell
- I am not experiencing any of the listed symptoms**

If you checked the box for any of the listed symptoms, skip to and complete the employee signature section of this form and contact your supervisor immediately for further direction. If you marked the "I am not experiencing any of the listed symptoms" box, proceed to question 3.

3. Are you experiencing any of the following **3 respiratory** symptoms? (Check all that apply)

- Coughing up blood
- Gasping for air or cannot talk without catching your breath
- You can get enough air in your lungs, but your chest feels tight when you take a deep breath
- I am not experiencing any of the listed symptoms**

If you checked the box for any of the listed symptoms, skip to and complete the employee signature section of this form and contact your supervisor immediately for further direction. If you marked the "I am not experiencing any of the listed symptoms" box, proceed to question 4.

4. Are you experiencing any of these **5 new** symptoms not associated with any other health condition? (check all that apply)

- Cough
- Sore throat
- Muscle aches or body aches
- Vomiting or diarrhea
- Change in smell or taste
- I am not experiencing any of the listed symptoms**

If you are experiencing any of the symptoms above, complete the employee signature section below and contact your supervisor immediately for further direction. **If you are not experiencing any of the symptoms above, complete the employee signature section below, proceed to your worksite and provide this signed form to your supervisor/manager upon arrival.**

By signing below I certify that my responses above are accurate to the best of my knowledge.

Employee Signature

Date

Department/Worksite Location