



## Si View Metro Parks COVID-19 Health Screening Questionnaire

To stop the spread of COVID-19, it is critical that anyone experiencing any of the symptoms should stay home or return home immediately. This questionnaire must be completed for participants, staff and vendors each day at all Si View managed facilities. For more information about COVID-19, please visit

<https://www.coronavirus.wa.gov/>

**1. Have you had any of the following symptoms within the last day that are not caused by another condition?** Note: On the first day for a new program or for a new participant, ask about symptoms in the past 3 days (72 hours)

- Fever of 100.4°F or chills
- Cough
- Shortness of breath or difficulty breathing
- Unusual fatigue
- Muscle or body aches
- Headache
- Recent loss of taste or smell
- Congestion/runny nose
- Sore throat
- Nausea or vomiting
- Diarrhea

**2. Within the past 14 days, have you been in close contact with anyone with a confirmed case of COVID-19?** Close contact is being within 6 feet for 15 minutes or more over a 24-hour period with a person.

**3. Have you had a positive COVID-19 test for active virus in the past 10 days, or are you awaiting results of a COVID-19 test due to possible exposure or symptoms and not through routine asymptomatic COVID-19 screening or surveillance testing?**

**4. Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?**

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### Check in instructions:

Do not admit participant, staff, or vendor if the answer to any of the above questions is “yes.”

If the answer to all the above questions is “no”, check the person for signs of being sick, such as flushed cheeks or tiredness. Keep a distance of at least 6 feet of space or have a physical barrier between you and the individual during assessment. Confirm temperature if no-touch infrared thermometer is available.

**Complete check-in process by logging admitted individuals on the health screening log.**