

Bird In The Hand Health Care Staffing COVID 19 Questionnaire

Name: _____

Date: _____

QUESTIONNAIRE (All three questions below must be answered for the form to be considered complete)

1. **Have you recently traveled abroad to a country that has a level 3 travel health notice (widespread, ongoing transmission) such as: China, Iran, Italy or South Korea?**

- Yes (Please answer question 1a)
- No (Skip to question 2)

1a. **Date you returned to the United States following your travel to the level 3 health notice country:** ____/____/____

2. **Have you come into close contact (within 6 feet) of someone who has a laboratory confirmed COVID-19 diagnosis in the past 14 days, WITHOUT wearing proper personal protective equipment?**

- Yes
- No

3. **Have you had a fever (greater than 100.4 or 38.0 C) AND/OR symptoms of lower respiratory illness such as cough, shortness of breath, or difficulty breathing in the past 24 hours?**

- Yes
- No

Any additional comments you would like to add?

Please be aware that each healthcare facility you work at may have further specific requests such as:

- They may ask to take your temperature before starting your shift
- They may ask you to demonstrate your handwashing technique
- They may ask you to demonstrate proper use of Personal Protective Equipment

If any of the above information changes once you have submitted the form, please contact your Staffing Specialist immediately Bird In The Hand Staffing for further instructions. 309-467-5254

Your signature: _____

Date: _____