Massachusetts Department of Youth Services

COVID-19 Screening Questions for All Entry to DYS Facilities

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee/Visitor/Vendor/Other: (Please circle one)

If other, please identify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Screening: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Part A.**

1. **Have you traveled outside of Massachusetts or entered into Massachusetts in the past 14 days?**
* If **NO**, proceed with Part B of the screening protocol.
* If **YES**, ask: **Have you complied with the Massachusetts Travel Advisory to quarantine for 10 days or had a negative result from a COVID test administered 72 hours prior to return to Massachusetts or are fully COVID vaccinated.**

Yes No

If the individual answers **NO, the individual is not allowed admittance to the facility.**

**Part B.**

1. Today or in the past 24 hours, have you had any of the following symptoms?
* Fever or chills
* Cough other than what you normally experience
* Shortness of breath or difficulty breathing
* Fatigue, muscle or body aches
* Headache
* Sore throat
* New loss of taste or smell
* Congestion or runny nose
* Nausea or vomiting
* Diarrhea

 Yes No

1. In the past 14 days, have you had close contact\* with a person who was tested positive for the novel coronavirus (COVID-19)?

 Yes No

If individual answered YES to questions 1 or 2 in Part B, the individual will not be allowed to enter the facility and will be directed to contact a healthcare provider for guidance.

Temperature Reading: \_\_\_\_\_\_ (for COVID19 purposes fever is defined as 100.0F or greater)

Allowed to Enter: \_\_\_\_\_\_\_ Denied Entry: \_\_\_\_\_\_\_\_

Referred for Further Screening: \_\_\_\_\_\_\_ If yes, add location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If form self-completed, staff name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Screened by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* “Close contact” is defined as living in the same household as a person who has tested positive for COVID-19, caring for a person who has tested positive for COVID-19, being within 6 feet of a person who has tested positive for COVID-19 for about 15 minutes, or has been in direct contact with secretions (e.g., sharing utensils, being coughed on) from a person who has tested positive for COVID-19, **while that person was symptomatic or in the 48 hours prior to illness onset.** Decisions about who had close contact and implementation of legal quarantine are done through the Local Board of Health.