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 remaining screening protocol.
* If **YES**, ask: **From where have you traveled?**

If individual is coming from anywhere except a defined lower-risk area (include all international and out-of-state travel), the individual should be asked:

* **Please show the screener your proof of negative test result for COVID-19 from a test administered on a sample taken not longer than 72 hours before your arrival in Massachusetts.**

 If individual demonstrates proof, proceed with Part B. of the screening protocol.

**If individual has travelled into Massachusetts within the past 14 days AND cannot demonstrate proof of negative test result for COVID-19 from a test administered on a sample taken not longer than 72 hours before arrival in Massachusetts OR does not meet any of the limited circumstance exceptions to quarantine, 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.