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: \_\_\_\_

1. Today or in the past 24 hours, have you had any of the following symptoms?

* Fever
* Cough other than what you normally experience
* Shortness of breath or difficulty breathing
* Chills
* Repeated shaking with chills
* Muscle pain
* Headache
* Sore throat
* New loss of taste or smell

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 you answered YES to questions 1 or 2, you will not be allowed to enter the facility and will be directed to contact your 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.