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BERKSHIRE COUNTY BOARDS OF HEALTH ASSOCIATION

COVID-19 Health Screening Checklist

This Checklist can be used to screen staff, visitors, patrons, campers and others.

This checklist should be used as part of an overall COVID-19 Control Plan.

Screening Options

- Remotely** via email, phone call or app before the person arrives using the screening questions.
- Onsite** as the person arrives via posters or reminder signs with the screening questions.
- In-person** by asking each individual using the screening questions.
 - Control Access** to ensure each person is screened
 - Maintain 6-ft Social Distancing** using markers to help anyone in a line stay separated by 6 ft.

Screening Questions

- Today or in the past 24 hours, have you or any member of your household had any of the following:**
 - Fever over 100.0 F, felt feverish, had chills or taking medications to reduce fever?
 - New cough, sore throat or difficulty breathing?
 - Sudden/new or severe fatigue?
 - Sudden/new loss of smell/taste
 - Sudden/new muscle aches
 - Un explained headache or any other signs of illness?
- Today or in the 14 days, have you had close contact with a person suspected of having COVID-19?** Close contact is defined as within 6 feet for more than 15 minutes over 24 hours.
- Today or in the 14 days, have you had close contact with a person suspected of having COVID-19?** Close contact is defined as within 6 feet for more than 10 minutes.

Visual Screening

- Does the person look and sound healthy?
- Are they flushed, breathing rapidly, coughing, confused or short tempered?
- Temperatures are not a reliable indicator and require PPE to get close enough to be meaningful. If taking temps, only use a non-contact fever thermometer.