COVID-19 SCREENING QUESTIONNAIRE

The COVID-19 questionnaire helps keep our workplace safe. Each day, before coming on site, please ask yourself the screen questions below.

If you answer **NO** to all questions, **proceed to work.**

If you answer **YES** to any question, **please call Occupational Health Services.**

**Pantex:** 806.573.1396 for further guidance, or the Operations Center (806.477.5000) after hours.

**Y-12:** 865.574.1583 for further guidance, or the Operations Center (865.574.7172) after hours

**UPF employees must call UPF Medical at 865.576.8627 or (865.241.6043)**

**SYMPTOMS**
1. Are you currently experiencing, or have you experienced within the past 14 days, any of the following:
   - Fever (temperature of 100 degrees or higher)
   - Cough or shortness of breath
   - Fatigue or muscle/body aches
   - Headache
   - Chills (also repeated shaking with chills)
   - Sore throat
   - New loss of taste or smell
   - Congestion or runny nose
   - Nausea, vomiting, or diarrhea

**CONTACT HISTORY**
2. In the past 14 days, have you or anyone you have been contact with had a confirmed diagnosis or COVID-19?

3. In the past 14 days, have you been in contact with anyone who had symptoms above that might have COVID-19?

**TRAVEL HISTORY**
If you are unvaccinated and have traveled, contact OHS. If you are vaccinated and traveled internationally, contact OHS.
STOP THE SPREAD OF GERMS THAT CAN MAKE YOU AND OTHERS SICK!

- Wash your hands often
- Wear a face covering
- Cover your coughs and sneezes
- Practice social distancing