

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