

The Library Network
Employee Self-Screening Questionnaire
Daily Requirement

Please complete this form prior to entering the TLN Building or Member Library, if on assignment. You are required to fill this form out every day you are reporting for work.

Exceptions:

- Working from Home
- Scheduled day off

1. Are you experiencing one of the following symptoms unrelated to a known pre-existing condition (e.g. asthma, allergies)?

New cough; shortness of breath; difficulty breathing; new loss of taste or smell

2. Are you experiencing any TWO of the following symptoms?

Fever (100.4 degrees or greater); chills; muscle aches; headache; sore throat; fatigue; diarrhea (2x in 24 hours); nausea or vomiting (2x in 24 hours); congestion or runny nose

if yes to questions 1 or 2

Stay home, consult your healthcare provider, and get tested for COVID-19

You may return to work with proof of a negative test result or after isolating for 10 days in addition to being fever-free for 24 hours without taking fever reducing medication and symptoms have improved.

3. Have you traveled internationally within the last 14 days?

if yes, you are excluded from working onsite for 14 days following international travel

4. Have you had close contact (within 6 ft. for 15 minutes or greater) with anyone (including household members) who had a positive COVID-19 diagnostic test in the past 14 days?

If yes, you are excluded for the work site and require a 14-day quarantine from last date of exposure.

You must immediately notify your supervisor of any affirmative response, and the course of action required.

Employees who develop symptoms during their shift must immediately report to their supervisor and/or Human Resources

If you answered **NO** to all questions, you have passed the screening and can begin working.

Name: _____ Date: _____

You must complete this form and turn it in to Human Resources every day you are working on-site, prior to performing any work. Failure to comply may result in disciplinary action.

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