

COVID-19 WORK PRE-SCREEN EXAMPLE

June 2020

Background

As MACC starts to slowly open our office to staff returning to work in the office, we needed a way to have staff screen themselves and think about the risks of them reporting to the MACC office for work. The following screen shots show our web form (designed in Microsoft Forms), as well as a the log spreadsheet that is automatically updated each time someone fills out the form.

COVID-19 Pre-work Screening

If you are planning to work at the MACC office, please perform this self-assessment BEFORE EACH TRIP TO THE OFFICE - no matter how briefly. This is not anonymous; your responses will be identified and logged so we can track who is coming and going.

You must read and agree to all conditions in order to submit this form. If you are unsure or cannot select all four conditions, please close this form and check in with your manager to decide how to proceed.

Hi Peter, when you submit this form, the owner will be able to see your name and email address.

* Required

1. Have you met ANY of the risk criteria listed in the Return to Work Protocol within the past 14 days?

- Traveled outside of Minnesota
- Been exposed to individual(s) who have tested positive for COVID-19
- Engaged in an activity where you were exposed to 10 or more people outside of your household for more than an hour *

I do not meet any of these risk criteria

2. Have you had any signs or symptoms of a fever in the past 24 hours such as chills, sweats, felt "feverish" or had a temperature that is elevated for you/100.0F or greater? *

I have not had any of the symptoms listed.

3. Do you currently have any of the following symptoms?

- Cough
- Shortness of Breath or Chest Tightness
- Sore Throat
- Nasal Congestion/Runny Nose
- Myalgia (Body Aches)
- Loss of Taste and/or Smell
- Diarrhea
- Nausea
- Vomiting
- Fever/Chills/Sweats *

I do not currently have any of these symptoms

4. Please take your temperature right now, to make sure you are not above 100.0F *

My current temp is not above 100.0F

5. What time today are you planning to come to the office? (Please only fill out this form for the current day; do not fill it out for future days.) *

Enter your answer

6. How long will you stay in the office today? *

Enter your answer

7. Any other notes regarding your purpose in the office, or anything about your intended visit?

Enter your answer

Submit

ID	Start time	Completion time	Email	Name	Have you met ANY of the risk criteria listed in the Return to Work Protocol within the past 14 days? - Traveled outside of Minnesota - Been exposed to individual(s) who have tested positive for CO...	Have you had any signs or symptoms of a fever in the past 24 hours such as chills, sweats, felt "feverish" or had a temperature that is elevated for you/100.0F or greater?	Do you currently have any of the following symptoms? - Cough - Shortness of Breath or Chest Tightness - Sore Throat - Nasal Congestion/Runny Nose - Myalgia (Body Aches) - Loss of Taste and/o...	Please take your temperature right now, to make sure you are not above 100.0F	What time today are you planning to come to the office? (Please only fill out this form for the current day; do not fill it out for future days.)	How long will you stay in the office today?	Any other notes regarding your purpose in the office, or anything about your intended visit?
1	6/4/20 9:38:05	6/4/20 9:38:51	Peter.Czachor@macc-mn.org	Peter Czachor	I do not meet any of these risk criteria	I have not had any of the symptoms listed.	I do not currently have any of these symptoms	My current temp is not above 100.0F	9am	3 hours	Needed to do some filing work.
2	6/11/20 11:31:03	6/11/20 11:31:34	Peter.Czachor@macc-mn.org	Peter Czachor	I do not meet any of these risk criteria	I have not had any of the symptoms listed.	I do not currently have any of these symptoms	My current temp is not above 100.0F	10am	20 minutes	Picking up an adapter