**DIDD COVID-19 SELF SCREENING**

1. **In the past 48 hours, have you experienced any of the following symptoms?**
   - Fever (100.0 °F+) or Chills
   - Cough
   - Shortness of Breath/Difficulty Breathing
   - Muscle/Body Aches
   - Headache
   - New Loss of Smell or Taste
   - Congestion/Runny Nose
   - Nausea/Vomiting
   - Diarrhea
   - Fatigue
   - Sore Throat

   **DIDD WORKFORCE MEMBER**
   If the answer to **Question #1** is **YES**, then you **ARE NOT ALLOWED** entry into the DIDD worksite. Contact your direct supervisor and HR Manager immediately for instructions.

   **VISITOR**
   If the answer to **Question #1** is **YES**, then you **ARE NOT ALLOWED** entry into the DIDD worksite. If you have been denied entry to a DIDD worksite and have questions, please see the Contact Information section down below.

2. **Have you previously tested positive for COVID-19?**

   **DIDD WORKFORCE MEMBER**
   If the answer to **Question #2** is **YES**, have you been cleared to return to work by your HR Manager? If you have not been cleared to return to work by your HR Manager, then you **ARE NOT ALLOWED** entry into the DIDD worksite. Contact your direct supervisor and HR Manager immediately.

   **VISITOR**
   If the answer to **Question #2** is **YES**, have you been released from quarantine by your primary care provider? If you have not been released from quarantine by your primary care provider, then you **ARE NOT ALLOWED** entry into the DIDD worksite. If you have any questions, then please see the Contact Information section below.

3. **Are you living with or have you been in close contact with a person who has tested positive for COVID-19?**

   Taking the last 14 days into consideration when answering the question, the examples below are considered close contact.

   - Being within 6 feet of a sick person or person who tests positive for COVID-19 for 10 minutes or longer.
   - Being in direct contact with germs from a sick person with COVID-19, for example, being coughed on, kissing, sharing utensils, etc.
   - Living in the same household as a sick person with COVID-19.
   - Caring for a sick person with COVID-19.

   **DIDD WORKFORCE MEMBER**
   If the answer to **Question #3** is **YES**, then you **ARE NOT ALLOWED** entry into the DIDD worksite. Contact your direct supervisor and HR Manager immediately for instructions.

   **VISITOR**
   If the answer to **Question #3** is **YES**, then you **ARE NOT ALLOWED** entry into the DIDD worksite. If you have been denied entry to a DIDD worksite and have questions, please see the Contact Information section down below.

**CONTACT INFORMATION**
If you have been denied entry into a DIDD worksite and have questions, then please call the Central Human Resources’ Office at **(615) 253-6045**.

Calls will be returned during normal DIDD office hours.