

## DVA Campus Screening

Updated 9/23/2020

In accordance with DVA enhanced health and safety protocols general visitation to the DVA Campus is temporarily restricted to all visitors. All visitors who are able to conduct their business with the DVA through electronic means or by mail are directed to do so. No persons or vendors with official business are permitted to enter the DVA Campus except upon compliance with the following screening procedure and are subject to denial of entry by DVA security:

Date \_\_\_\_\_ Time \_\_\_\_\_ Officer's Initials \_\_\_\_\_

Name of driver: \_\_\_\_\_

Vehicle Marker No. \_\_\_\_\_

Purpose of Visit to DVA Campus: \_\_\_\_\_

Building/Location of deliver or visit: \_\_\_\_\_

DVA Point of Contact: \_\_\_\_\_

### Screening Questions:

1 Have you traveled to or been in contact with anyone who has traveled to any international locations over the past 14 days? Yes \_\_\_\_\_ No \_\_\_\_\_

2 Have you traveled or been in contact with anyone who has traveled to Rhode Island or outside of New England, New York, New Jersey or Pennsylvania over the past 14 days for 24 hours or more?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes, please indicate location(s): \_\_\_\_\_

3 Are you practicing social distancing as recommended? Yes \_\_\_\_\_ No \_\_\_\_\_

4 Are you following CDC hygienic and mask guidelines? Yes \_\_\_\_\_ No \_\_\_\_\_

5 Have you had contact with anyone who has tested positive for COVID-19 or has shown symptoms (cough, fever, shortness of breath) or is suspected of having COVID-19? Yes \_\_\_\_\_ No \_\_\_\_\_

6 Have you attended any social or recreational events of indoor private gatherings of more than 25 people or 100 people outdoors? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

7 Are you experiencing any of the following symptoms? Please check for any positive symptoms.

_____ cough	_____ chills	_____ chest pressure or pain
_____ shortness of breath	_____ shaking with chills	_____ inability to awaken
_____ difficulty breathing	_____ muscle or body pain	_____ or stay awake
_____ fever of 99 or greater	_____ headache	_____ bluish lips or face
_____ sore throat	_____ new loss of smell or taste	_____ congestion or runny nose
_____ unexplained/new confusion	_____ fatigue	

8 Are you experiencing any GI signs or symptoms (nausea, vomiting, and diarrhea)? Yes \_\_\_\_\_ No \_\_\_\_\_

**If the person responds yes to any of the above (Except Question # 3 and #4), entry will be denied.**