

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES: **FRONT DOOR SCREENING TOOL**

Name: _____ Facility: _____ Date: _____

1. Have you been fully vaccinated (2 weeks or more have passed since the final dose of COVID vaccine)
Yes No

If Yes to Q1, please skip Questions 2 only

The following questions all refer to the past 14 days: Circle all symptoms that apply

2. Have you traveled out of state within the last 14 days? **Also includes airline travel.**
Yes No
3. Have you been in contact with a person that has suspected or **confirmed** Coronavirus?
Yes No
4. Do you have congestion or running nose OR new onset headache OR nausea/vomiting/diarrhea OR fever (100.0 degrees F or greater) OR chills OR sore throat OR cough OR shortness of breath OR body aches OR fatigue OR loss of taste/smell?
Yes No
5. If you have recently had **COVID Vaccine**, do you currently have fever OR cough OR shortness of breath OR chills OR sore throat OR loss of taste/smell
Yes No
6. If you have recently had **COVID Vaccine**, do you currently have headache OR muscle pain OR weakness
Yes No
7. Temperature: _____

GUIDANCE:

- If a person who is not a DMHAS employee or client answers “**yes**” to any question **OR** has temperature of 100 F or higher, they should be asked to leave the property and advised to consult with their Primary Care Provider (PCP).
- **If any staff member answers “yes” to Qs 4 or 5 OR If temp 100 F or higher: Send staff home due to high risk of COVID. Follow protocol for testing and isolation/quarantine.**
 - For “yes” to only Q3 –**If fully vaccinated, return to work without quarantine but inform facility medical director or IP nurse. If unvaccinated, self-quarantine at home and follow protocol**
 - For “yes” to any symptom on Q6, **staff may return to work if symptoms resolve 72hrs or less after vaccination.**
- If any DMHAS client answers “**yes**” to any question **OR** looks visibly ill **OR** If temp 100 F or higher:
 - refer them to their PCP and send home(outpatient). For inpatient, follow protocol.
- If any DMHAS client or staff answers “**no**” but looks visibly ill **OR** If temp 100 F or higher:
 - Staff or client (if outpatient) should go home. Call PCP.

Screening Staff Signature: _____ Name: _____