

COVID-19 Screening for Access to Hope Network Healthcare Facilities (As November 11, 2020)

The safety of our employees, residents, families and visitors remains Hope Network’s overriding priority. As the coronavirus disease 2019 (COVID-19) outbreak continues to evolve, Michigan Department of Health and Human Services (MDHHS) has ordered healthcare facilities, such as those operated by Hope Network, to perform a health evaluation of all individuals seeking to enter the facility. In order to comply with the Executive Order and to help prevent the spread of COVID-19, all individuals must complete the following screening questionnaire as part of a health evaluation.

1. Do you have any one of the following principle COVID-19 symptoms not explained by a known medical or physical condition:

Yes (Check any that apply) _____ No _____

- Fever **Current temp:** _____
- Uncontrolled Cough
- Shortness of breath

Do you have at least two of the following symptoms not explained by a known medical or physical condition:

Yes (Check any that apply) _____ No _____

- Abdominal Pain
- Muscle Aches (“myalgia”)
- Sore Throat
- Severe Headache
- Vomiting
- Diarrhea
- Loss of Taste or Smell

2. Have you had direct contact (defined as being within 6 feet for 15 minutes or longer within 24 hours, Unmasked) with someone with a confirmed diagnosis of COVID-19 (coronavirus) within the last 14 days?

Yes _____ or _____ No _____ or _____ *

***I am a healthcare worker or first responder and I have mitigated risk with appropriate PPE.**

Regardless of where you traveled or what you did during your trip, take these actions to protect others from getting sick: When around others, stay at least 6 feet (about 2 arms’ length) from other people who are not from your household. It is important to do this everywhere, both indoors and outdoors.

Wear a mask to keep your nose and mouth covered when you are outside of your home. Wash your hands often or use hand sanitizer.

Watch your health: Look for symptoms of COVID-19, and take your temperature if you feel sick

Name Printed: _____ **Phone Number:** _____

Signature: _____

Facility/Home: _____

Time: _____ **am/pm** **Date:** _____

If you answered yes to any of the questions please discuss with your supervisor, as you may be asked not to work for up to 14 days and/or need medical clearance before returning to work. You may also call the HN hotline at 616-286-0708 during normal business hours. You may also call your healthcare professional to discuss your unique situation or call your local health department.

Thank You! Note: You must complete this questionnaire every time you enter the facility. Please immediately advise Hope Network if any of your responses change. The information collected will be used to determine your right to enter the facility.