



COVID-19 Screening Questionnaire

Here at MedWave Healthcare Staffing, we are closely monitoring the continuous spread of COVID-19. Your safety, as well as others, is our top priority so we ask that you please complete the following questionnaire in its entirety so we can do our part to help prevent the growth of the virus.

1. In the last 14 days, have you traveled outside the United States or traveled within the United States to or from an area where the CDC has reported a COVID-19 outbreak? If yes, please fill out the following information.
 - No
 - Yes
 - City, State: _____
 - Home Departure/Arrival Dates: _____

2. In the past 14 days, have you been in contact with a person who was or is going through testing for COVID-19 without the proper PPE? (gown, face mask, eye protection)
 - No
 - Yes

3. In the past 14 days, have you been in close contact with a confirmed COVID-19 patient without the proper PPE? (gown, face mask, eye protection)
 - No
 - Yes

4. In the past 14 days, have you been in contact with anyone that has tested positive for COVID-19?
 - No
 - Yes

5. When was your last COVID-19 test? What were the results?
Date: _____ Results: _____



6. Are you willing to undergo additional COVID-19 testing?

- No
- Yes

7. Please select any and all symptoms you are currently experiencing:

- | | |
|---|---|
| <input type="checkbox"/> Muscle or body aches | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Loss of taste or smell | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Fever or chills |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Shortness of breath or trouble breathing |
| <input type="checkbox"/> Congestion or runny nose | <input type="checkbox"/> None of the above |

By signing this questionnaire, you agree that all of the answers to these questions are truth and if any of these answers to the above questions change throughout the course of your assignment that you contact MedWave Healthcare Staffing immediately to report the changes. You also agree that if you travel to or through any known hot spots for COVID-19 during the course of your assignment you will report that to MedWave Healthcare Staffing immediately.

I Agree

Employee Name (first and last): _____ Date: _____

Employee Signature: _____ Date: _____