****Exhibit D

 **COVID-19 Employee Screening Tool**

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|  **COVID-19** | **FLU** | **ALLERGIES** |
| * Fever
* Cough
* Shortness of Breath

(Symptoms typically occur 2 – 14 days after exposure) | * Fever
* Cough
* Sore Throat
* Headaches
* Body, Muscle Aches
* Runny, Stuffy Nose
* Fatigue
 | * Sneezing, Coughing
* Runny Nose, Scratchy Throat
* Itchy, Red Watery Eyes
 |

1. Do you have a sick member of your household at home with COVID-19? \_\_\_ Yes \_\_\_ No

If yes, employee must follow the isolation/quarantine requirements as established by the WA State Department of Health.

1. Test for fever – use “no touch” or “no contact” thermometer if available, if not available ensure thermometer is sanitized before and after use. Fever over 100.4? \_\_\_ Yes \_\_\_ No

**If yes, employee must be sent home.**

1. Do you have a cough and experiencing shortness of breath? \_\_\_ Yes \_\_\_ No

**If yes, employee must be sent home**.

1. Do you have overall fatigue, muscle aches, or new loss of taste or smell? \_\_\_ Yes \_\_\_ No

**If yes, employee must be sent home.**

Also, please consider the following:

* Identify and regularly monitor employees who could be at high risk for complications (those who are older, have underlying health conditions like heart disease, diabetes, high blood pressure, lung disease or who are immune compromised).
* Determine if the employee is a smoker and has a regular routine cough which may allow you to rule out the possibility of a virus if that is the only symptom.
* Should the employee screen positive for these symptoms, it does not mean that they have the COVID-19 virus.

**Be advised that the following severe symptoms should be addressed immediately, Call 911:**

* **Extremely difficult breathing (not being able to speak without gasping for air)**
* **Bluish lips or face**
* **Persistent pain or pressure in the chest**
* **Severe persistent dizziness or lightheadedness**
* **New confusion, or inability to arouse**
* **New seizure or seizures that won’t stop**