

FIRST POINT OF CONTACT SCREENING FORM



As of 12/11/2020

Name of Staff/Client/Visitor (Print): _____ Date: _____

For Staff Member Entering Building: Cloth Mask on Entry Yes No
If **No**, were they given a Black Cloth Mask: Yes No

For Client/Visitor Entering Building: Cloth Mask on Entry Yes No
If **No**, were they given a Disposable Mask: Yes No

Temperature Reading

_____ **Must be at or below 100.4**

Denied _____

At TAP we are committed to providing a safe environment for our clients, the public and our staff. Please complete this form truthfully so that we can all prevent the spread of germs that can cause this virus to grow.

Please answer the following questions.

1. Have you been diagnosed with the coronavirus within the past month Yes No
Date Diagnosed: _____ Date of Negative Test: _____

2. **Are you currently waiting on the results of a COVID-19 test?** Yes No

3. Have you been in close contact (6 feet or closer for a cumulative total of 15 minutes) or living with someone known to have or suspected of having coronavirus? Yes No

4. **Have you been out of the country or to any of these states (see attached list) within the last two weeks?**
Date Returned: _____ Yes No

5. Do you have any of the following symptoms:

- | | | | |
|---|--|---------------------------------------|--|
| Cough (not allergy related) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Vomiting or diarrhea | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Severe Headache (not due to migraine) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Loss of taste or smell | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fever or Chills (not due to being cold) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Body Aches (besides an injury) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Difficulty breathing (shortness of breath) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Sneezing or runny nose (not allergy related) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Fatigue (unusual tiredness or weakness) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

TAP OFFICE INFORMATION (SCREENER REQUIRED TO COMPLETE)

Screeener's Name(Print): _____ Your Location: _____

Screened Person Referred To: _____ Location: _____

Client/Visitor Phone# or Email _____

Client/Visitor Home Address: _____

Check All Actions Taken: **(Return completed forms to the director)**

No Action Needed	
Negative Test/14 days Secluded	
Denied Entry Due to Risk/Temperature	

Testing for coronavirus is considered on a case-by-case basis in consultation with local health departments. Total Action for Progress (TAP) reserves the right to restrict entry to its facilities for any individuals it feels present a risk of infection.