FIRST POINT OF CONTACT SCREENING FORM

As of 4/6/2021

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

For Staff Member Entering Building: Mask on Entry ☐ Yes ☐ No
No, were they given a Mask: ☐ Yes ☐ No

For Client/Visitor Entering Building: Mask on Entry ☐ Yes ☐ No
No, were they given a 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 Result: _____
2. Are you currently waiting on the results of a COVID-19 test? ☐ Yes ☐ No
   Date COVID Test Taken: _____
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 within the past month? ☐ Yes ☐ No
   Date of Negative Test Result: _____ Self-Quarantined for 10 days: ☐ Yes ☐ No
4. Do you have any of the following symptoms:

Cough (not allergy related)	☐ Yes ☐ No	**Nausea or Vomiting**	☐ Yes ☐ No
Severe Headache (not due to migraine)	☐ Yes ☐ No	**Loss of taste or smell**	☐ Yes ☐ No
Fever or Chills (not due to being cold)	☐ Yes ☐ No	**New Confusion**	☐ Yes ☐ No
Difficulty breathing (shortness of breath)	☐ Yes ☐ No	**Sore Throat**	☐ Yes ☐ No
Fatigue (unusual tiredness or weakness)	☐ Yes ☐ No	**Diarrhea**	☐ Yes ☐ No
Muscle or Body Aches (besides an injury)	☐ Yes ☐ No	**Bluish lips or face**	☐ Yes ☐ No
Congestion or runny nose (not allergy related)	☐ Yes ☐ No		

TAP OFFICE INFORMATION (SCREENER REQUIRED TO COMPLETE)

Screener'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/10 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.