

COVID-19 ASSESSMENT FOR NON-BEAUMONT EMPLOYED ENTRANTS

Every individual seeking entrance into a Beaumont Health facility (including third party building occupants) must be assessed for COVID-19 symptoms and risk factors before entering. This assessment should be completed every day entrance is requested.

NOTE: ALL FIELDS ARE REQUIRED.

Name (first and last): _____

Organization: _____ Date and time: _____ AM / PM

1) Have you been exposed (which means being within 6 feet for 10 minutes or more without a face mask) to a confirmed diagnosed COVID-19 person?

YES NO

2) Have you developed ANY of the following:

- Fever greater than 100F
- NEW flu-like symptoms like body aches
- NEW abnormal cough
- NEW shortness of breath
- NEW diarrhea
- NEW loss of taste or smell (in addition to the above)

YES NO

3) Please check which two answers you selected above:

- 1. YES & 2. YES** **DO NOT ENTER THE BUILDING**
If you are employed in the facility, contact your company leadership.
- 1. NO & 2. YES** **DO NOT ENTER THE BUILDING**
If you are employed in the facility, contact your company leadership.
- 1. YES & 2. NO** **CLEARED FOR ENTRY**
The assessor will provide PPE (as applicable).
- 1. NO & 2. NO** **CLEARED FOR ENTRY**

2)