



Caregiver Screening Questionnaire (Weekly)

Client Name: _____

Caregiver Name: _____

In response to concerns regarding COVID-19 (coronavirus disease 2019), and in accordance with guidance issued by the Centers for Disease Control (CDC), Addus requires each employee to do the following before each client visit: **1)** conduct an employee self-screen and **2)** screen the client for COVID-19 risk factors before beginning services (please maintain a six feet distance between you and the client until after the screen is complete).

Please ask yourself and the client the below questions and then date and place your initials below certifying you completed the screen for both yourself and your client.

Screening Questions:

Within the past 14 days:

Y / N *Have you or someone you live with been experiencing **new** shortness of breath, or cough, or at least two of the following:*

- *Fever*
- *Chills or repeated shaking with chills*
- *Sore throat*
- *Muscle pain*
- *Headache*
- *New loss of taste or smell*

Y / N *Have you or someone you live with been exposed to an individual with a positive COVID-19 diagnosis?*

Y / N *Have you or someone you live with been tested for or confirmed positive for COVID-19?*

If you answer yes to your self-screen, you should not go to your shift and call your Service Coordinator immediately. If the client answers yes to any of these questions, you *must* contact your Service Coordinator for next steps before leaving.

Employee Screen							
Date	/	/	/	/	/	/	/
Initials							

Client Screen							
Date	/	/	/	/	/	/	/
Initials							

We thank you for your understanding as we work to keep our clients, patients, and coworkers safe.

TURN IN WEEKLY WITH YOUR TIMESHEET

Caregiver Signature: _____

Date: _____