



## Paul Hall Center Facilities COVID-19 Screening

PLEASE READ EACH QUESTION CAREFULLY – If you answer YES to questions 1 – 3, STOP  
– Access to PHC facilities is NOT APPROVED.

1. Have you experienced any of the symptoms listed below in the past 48hours?

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Yes

No

2. Are you isolating or quarantining because you tested positive for COVID-19 or are worried that you may be sick with COVID-19?

Yes

No

3. Are you currently waiting on the results of a COVID-19 test? **Answer NO if you are waiting on the results of a pre-travel or employer required COVID-19 test.**

Yes

No

4. Have you been in close physical contact in the last 14 days with: Anyone who is known to have laboratory – confirmed COVID-19?

*\*Close physical contact is defined as being within 6 feet of an infected/symptomatic person for a cumulative total of 15 minutes or more over a 24-hour period starting from 48 hours before illness onset.*

Yes

No

5. Are you fully vaccinated? AND/OR have you recovered from a documented COVID-19 infection in the last 3 months?

*\*To be considered fully vaccinated, you must be >2 weeks following receipt of the second dose in a 2-dose series, or >2 weeks following receipt of one dose of a single-dose vaccine.*

Yes

No

6. Please list your name and company:

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7. Please list today's date: \_\_\_\_\_