**Health Screening Protocol**

All employees are required to complete a pre-shift screening questionnaire. This screening should be conducted daily before reporting to work. Ask yourself the following questions:

1) Do I have:

* + Fever at or above 100F?
	+ Chills?
	+ Cough?
	+ Shortness of breath?
	+ Difficulty breathing?\*
	+ Muscle pain?
	+ Sore throat?
	+ New loss of taste or smell?
	+ Nausea?
	+ Vomiting?
	+ Diarrhea?
	+ Persistent chest pain or pressure?\*
	+ Sudden confusion or inability to arouse?\*
	+ Bluish lips or face?\*

2) Have you tested positive to COVID-19 and been told to isolate?

3) Have you had exposure to someone with COVID-19 and been advised to quarantine?

**If you answer yes** to any of the above, you should isolate or quarantine at home, removed from others, per CDC guidelines.

* Complete the SE report form at: https://form.jotform.com/201426138264046 . Someone from SE will be contacting you before the end of the business day to discuss your health status. They will confirm their identity using established Southeastern communication methods such as University email, etc. Contact your primary care provider for guidance as needed and contact 911 if you have any of the \* symptoms above. Please beware of scams/fraud from external actors who have been soliciting personal information.

**If you answer no** to all of the above questions, you may proceed to work. Please bring a clean cloth facial covering with you when reporting, as you will need it throughout the day.