

Health Questionnaire for Wellness Screen Related to COVID-19

NISRA is committed to the safety of employees, patrons, community, including the COVID-19 pandemic. Employees and patrons will be required to self-assess using these questions each day prior to coming on-site. If the answer is “yes” to any question, please do not come on-site to prevent the spread of the illness. Additionally, employees should notify Human Resources and patrons should notify the NISRA office of their absence and the reason for the absence.

- Do you have a fever of 100.4 degrees Fahrenheit or higher?
- Do you have a cough?
- Do you have a sore throat?
- Have you been experiencing difficulty breathing or shortness of breath?
- Do you have muscle aches?
- Have you had a new or unusual headache (e.g. not typical to the individual)?
- Have you noticed a new loss of taste or loss of smell?
- Have you been experiencing chills or rigors (sudden feeling of cold with shivering accompanied by a rise in temperature)?
- Do you have any gastrointestinal concerns (e.g. abdominal, pain, vomiting, diarrhea)?
- Have you tested positive for COVID-19 in the last 14 days?
- Is anyone in your household suspected of having COVID-19(e.g. has symptoms and is seeking diagnosis, has been sent for testing, etc.)
- To the best of your knowledge in the last 14 days have you come into close contact* with anyone who has tested positive for or been diagnosed with COVID-19?

*Close contact includes someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24 hour period starting from 2 days before illness onset (or for asymptomatic patients, 2 days prior to test collection) until the time the patient is isolated.

By coming to the program, you acknowledge that you have in fact conducted this self-assessment and information provided above is true and accurate to the best of your current knowledge and beliefs.