


# Self-Assessment Checklist/Screening


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

- Sore throat, runny nose, blocked nose, headache, cough, fever or chills
- *New or unexplained* shortness of breath or difficulty breathing
- *New or unexplained* loss of taste or smell
- *New or unexplained* muscle aches


## Key

 = Access NOT Approved


 = Access Approved

<u>YES</u>  *	<u>NO</u> Proceed to Question 2
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2. Are you isolating because you tested positive for COVID-19 within the last 5 days?

<u>YES</u>  *	<u>NO</u> Proceed to Question 3
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3. Have you been exposed\* to someone testing positive for the COVID-19 virus in the last 10 days?

<u>YES</u> Proceed to Question 4**	<u>NO</u> 
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4. Did you have a negative COVID-19 test result from a test taken 5 full days after your last exposure to the person who tested positive for COVID-19? (If it hasn't yet been 5 full days since your last exposure, select "NO")?

<u>YES</u> 	<u>NO</u>  (with conditions)
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**If initial screening permits access to EPA facilities, employees should reference the current workplace safety plan for up-to-date protocols as they relate to masks, social distancing, testing, etc. Visitor protocols are also included therein. By attempting to access EPA facilities you are acknowledging and agreeing to follow these important conditions. If access is not permitted, the self-assessment should be performed the next day the individual needs to enter the facility.**

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\* If you were exposed to COVID-19, start precautions immediately. Wear a mask as soon as you find out you were exposed and continue precautions for 10 full days regardless of your test results. See the CDC's site for the most up-to-date guidance.

\*\* Reference isolation guidance provided by CDC based on exposure and symptom timeframes. Isolation should continue while you are symptomatic.