



# NARA COVID-19 Response

## **Fact Sheet #9:** Health screening for NARA employees and contractors, version 2

February 5, 2021

*This fact sheet provides guidance to help protect NARA staff and reduce the spread of the 2019 novel coronavirus disease (COVID-19) in the workplace. This fact sheet has been updated to include best practices that the CDC uses to screen entrants into their own facilities.*

NARA staff and contractors who are scheduled to work at a NARA facility must assess their own health before reporting to work. NARA will not check temperatures or ask questions about your health to gain entrance to NARA facilities. NARA may deny access or send you home if you are showing obvious signs of illness (e.g. shaking, chills, flushed appearance, vomiting). NARA will ask only the minimum information about your health status necessary to protect the health of other occupants of your facility. We will maintain your privacy and protect all information we collect about your health status.

### **Procedure.**

1. **Check your temperature.** Every NARA employee or contractor is required to measure her or his temperature on days she or he is scheduled to report to the physical workplace. Measure your temperature at home, before reporting for duty.
2. **Complete the health screening inventory.** After checking your temperature – and before reporting to the workplace – answer each of the “yes” or “no” questions provided in the next section, “Health screening inventory”.
  - a. If you respond “yes” to any question on the health screening inventory:
    - (1) Do not come to work. Contact your supervisor and tell her or him that you answered “yes” to at least one question.
    - (2) If you’ve been in the facility in the past two weeks, be prepared to provide your supervisor with information necessary for your supervisor to conduct contact tracing. Your supervisor will ask you:
      - i. Were you in the facility in the last two days before you first felt ill or were diagnosed, or in the 14 days after you came in close contact with someone diagnosed with COVID-19?
      - ii. Where did you spend the majority of your time in the facility?

iii. Was there anyone else in the facility who you were within 6 feet of for a total of 15 minutes or more over a 24-hour period?

(3) If you have been diagnosed with COVID-19, have tested positive, are experiencing symptoms, or have been exposed to someone else who has COVID-19, you will be placed on 10 calendar days of home isolation. More information is provided in [COVID-19 Fact Sheet #8, Contact tracing](#). Leave and telework options are provided in [COVID-19 Fact Sheet #1, Workplace flexibilities](#).

(4) Seek medical attention.

b. If you respond “no” to all questions on the health screening inventory, you should report to work as scheduled.

### **Health screening inventory.**

Please answer the following questions to the best of your ability:

1. **Have you experienced any symptoms of COVID-19 in the past 48 hours?** *Do not include symptoms that are explained by something other than respiratory illness (e.g. allergies, asthma, an illness that has been diagnosed as something other than COVID-19, routine aches, pain, or headaches that you normally experience).* The following is list of COVID-19 symptoms recognized by the CDC as of the date of this fact sheet. Check [here](#) for the latest updates.

Elevated temperature, fever, or chills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shortness of breath or difficulty breathing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fatigue	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Muscle or body aches	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New loss of taste or smell	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Congestion or runny nose	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nausea or vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diarrhea	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. **Have you been diagnosed with COVID-19 (with or without symptoms), are you currently waiting on the results of a COVID-19 test due to an exposure or symptoms, or has a health care provider advised you to stay at home or otherwise self-isolate?**

Yes     No

3. **In the past 14 days, have you been in close physical contact (within 6 feet for longer than 15 minutes) with a person who has been diagnosed with COVID-19 or experienced COVID-19 symptoms?**

[ ] Yes [ ] No

4. **Have you traveled out of State or out of the country in the past 10 days (with no COVID test) or in the past 7 days (if you have been tested since returning)?**

[ ] Yes [ ] No

**Point of Contact:** If you have questions or comments, please contact the Occupational Safety and Health Program Office at [safety@nara.gov](mailto:safety@nara.gov).