

**EMPLOYEE SCREENING:**

EMPLOYEE NAME: \_\_\_\_\_ / DATE: \_\_\_\_\_

TIME: \_\_\_\_\_ DID YOU TAKE YOUR TEMPERATURE TODAY? Y OR N \_\_\_\_\_

WHAT WAS TEMPERATURE: \_\_\_\_\_ ARE YOU TAKING YOUR TEMPERATURE EVERY 12 HOURS? Y OR N \_\_\_\_\_ IS IT ABOVE 100.0 F? Y OR N \_\_\_\_\_

INFECTION CONTROL- PLEASE READ ALL MATERIAL SENT BY OUR OFFICE TO YOUR EMAIL OR TEXT REGARDING THE CORONA VIRUS. WE WILL PUT SOME MATERIAL ON OUR WEBSITE/FACEBOOK.

1. ARE YOU WEARING A MASK? Y OR N \_\_\_\_\_ IF YOU NEED A MASK CONTACT MAXIMUM CARE. WE ARE SENDING YOU PICTURES OF SOME SUGGESTIONS OF PPE YOU CAN MAKE FROM THE DOLLAR STORE UNTIL SUPPLIES COME IN.
2. ARE YOU WEARING GLOVES? Y OR N \_\_\_\_\_ THERE IS A SEVERE SHORTAGE OF GLOVES AND MASKS, PLEASE USE SPARINGLY. CONTACT OFFICE IF YOU NEED MORE, WE WILL ADD YOU TO THE LIST. AS SOON AS THEY COME IN, YOU WILL BE CONTACTED.
3. ARE YOU WEARING A PLASTIC PONCHO, GARBAGE BAG OVER CLOTHES, OR CHANGING IN BETWEEN CLIENTS? Y OR N \_\_\_\_\_.
4. ARE YOU TAKING OFF SHOES BEFORE GOING INTO YOUR CLIENTS HOME AND ALSO YOUR OWN HOME? Y OR N \_\_\_\_\_ / YOU CAN GO TO DOLLAR STORE AND GET SHOWER CAPS AND PUT THEM OVER SHOES,- YOU CAN EITHER THROW AWAY, OR SANITIZE FOR MULTIPLE USES, OR A CHEAP PAIR OF SLIPPERS FROM DOLLAR STORE FOR IN CLIENTS HOME USE.
5. ARE YOU WASHING HANDS FOR AT LEAST 20 SECONDS? Y OR N \_\_\_\_\_
6. DO YOU EXHIBIT ANY SYMPTOMS OF FEVER, COUGH, SOB, MUSCLE ACHES? Y OR N \_\_\_\_\_
7. HAVE YOU OR YOUR FAMILY MEMBER TRAVELED OUTSIDE OF THE STATE OR COUNTRY IN PAST 30 DAYS? Y OR N \_\_\_\_\_

BEFORE ALL YOUR CLIENT SHIFTS, PLEASE EITHER CONTACT CLIENT OVER PHONE OR IF UNABLE, CONDUCT THIS SCREENING BEFORE SERVICING THE CLIENT, KEEPING YOUR DISTANCE WHILE ASKING QUESTIONS.

**CLIENT SCREENING:**

CLIENT NAME: \_\_\_\_\_

1. DOES CLIENT HAVE A FEVER? \_\_\_\_\_
2. IS THE CLIENT ABLE TO TAKE HIS/HER TEMPERATURE OR, ARE YOU ABLE? Y OR N \_\_\_\_\_ / WHAT IS CLIENT'S TEMPERATURE? \_\_\_\_\_
3. DOES THE CLIENT EXHIBIT SOB, COUGH, MUSCLE ACHES & PAIN, OR OTHER CONCERNS RELATED TO THE CORONA VIRUS SYMPTOMS? Y OR N \_\_\_\_\_
4. HAS THE CLIENT TRAVELED OUTSIDE OF THE STATE OR COUNTRY WITHIN THE LAST 30 DAYS, OR HAVE ANY OF THE FAMILY MEMBERS WHO LIVE OR VISIT THE CLIENT TRAVELED OUTSIDE OF STATE OR COUNTRY WITHIN THE LAST 30 DAYS? Y OR N \_\_\_\_\_

**OPERATIONAL:**

PLEASE ACKNOWLEDGE THE FOLLOWING QUESTIONS BY SUBMITTING THE ANSWERS TO THE FOLLOWING QUESTIONS ON YOUR SHEET OF PAPER PER CLIENT SHIFT. THEY ARE YES AND NO QUESTIONS.

1. YOU THE EMPLOYEE ARE ACKNOWLEDGING THAT YOU HAVE THE RIGHT TO ACCEPT OR REFUSE WORK AT ANYTIME WITH OUR COMPANY AND ESPECIALLY DURING THIS PANDEMIC, WE HAVE NOT FORCED YOU TO GO TO WORK. ARE YOU IN UNDERSTANDING OF THIS DIRECTIVE? Y OR N \_\_\_\_\_

2. IF YOU OR YOUR CLIENT ARE EXHIITING ANY OF THE CORONA VIRUS SYMPTOMS YOU MUST CONTACT MAXIMUM CARE IMMEDIATELY SO AN APPROPRIATE DIRECTIVE WILL BE GIVEN TO YOU. ARE YOU IN UNDERSTANDING OF THIS DIRECTIVE? Y OR N \_\_\_\_\_

**PENNSYLVANIA IS OFFERING A MENTAL HEALTH CRISIS AND SUPPORT TEXT IF YOU NEED MENTAL ASSISTANCE DURING THIS TIME.**

TEXT THE NUMBER **741741** AND IN MSSAGE SECTION TYPE - **PA**

PLEASE CONTACT MAXIMUM CARE INC. IF YOU HAVE ANY QUESTIONS OR CONCERNS

**STAY SAFE!**