OREGON HOME BUILDERS ASSOCIATION

**Stay Smart. Stay Open.**

# COVID-19 Pre-Screening Checklist

## STOP: ALL VISITORS MUST PRE-SCREEN BEFORE ENTERING THIS SITE

**PLEASE READ EACH QUESTION CAREFULLY**

*For more information contact:* _____
*Name & number*

| | | |
|---|---|---|
| **Have you experienced any of the following symptoms in the past 48 hours:**<br>• fever or chills<br>• cough<br>• shortness of breath or difficulty breathing<br>• fatigue<br>• muscle or body aches<br>• headache<br>• new loss of taste or smell<br>• sore throat<br>• congestion or runny nose<br>• nausea or vomiting<br>• diarrhea | **Yes** | **No** |
| **Within the past 14 days, have you been in close contact (6 feet or closer for at least 15 minutes) with a person who is known to have laboratory-confirmed COVID-19 or with anyone who has any symptoms consistent with COVID-19?** | Yes | No |
| **Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?** | Yes | No |
| **Are you currently waiting on the results of a COVID-19 test?** | Yes | No |

| | |
|---|---|
| **Did you answer NO to ALL QUESTIONS?** | **Access to this work site is APPROVED. Thank you for helping us protect you and others during this time.** |
| **Did you answer YES to ANY QUESTION?** | **Access to this work site is NOT APPROVED.** |

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