**Massachusetts Department of Youth Services**

**COVID-19 Screening Questions for All Entry to DYS Facilities**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee/Visitor/Vendor/Other: (Please circle one)

If other, please identify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Screening: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Part A.**

Are you fully vaccinated against the COVID-19 infection**? \***

* If **YES**, proceed with Part C of the screening protocol.
* If **NO**, proceed with Part B of the screening protocol.

**Part B.**

**Have you recently traveled outside of Massachusetts?**

1. Did you return to Massachusetts after being out of the State for fewer than 24 hours?
* If **YES**, proceed with Part C of the screening protocol.
* If **NO**, please show the screener your proof of negative test result for COVID-19 from a test administered on a sample taken no longer than 72 hours before your arrival in Massachusetts**.**

If individual demonstrates proof, proceed with Part B, Question 2 of the screening protocol.

**If individual has travelled into Massachusetts within the past 14 days AND cannot demonstrate proof of negative test result for COVID-19 from a test administered on a sample taken no longer than 72 hours before arrival in Massachusetts OR does not meet any of the limited circumstance exceptions to quarantine, the individual is not allowed admittance to the facility.**

1. In the past 14 days, have you had close contact\*\* with a person who was tested positive for the novel coronavirus (COVID-19)?

 Yes No

**If individual answered YES to Part B, Question 2, the individual will not be allowed to enter the facility and will be directed to contact a healthcare provider for guidance.**

**Part C.**

1. Today or in the past 24 hours, have you had any of the following symptoms?
* Fever or chills
* Cough other than what you normally experience
* Shortness of breath or difficulty breathing
* Fatigue, muscle or body aches
* Headache
* Sore throat
* New loss of taste or smell
* Congestion or runny nose
* Nausea or vomiting
* Diarrhea

 Yes No

**If individual answered YES to Part C, Question 1, the individual will not be allowed to enter the facility and will be directed to contact a healthcare provider for guidance.**

Temperature Reading: \_\_\_\_\_\_ (for COVID19 purposes fever is defined as 100.0F or greater)

Allowed to Enter: \_\_\_\_\_\_\_ Denied Entry: \_\_\_\_\_\_\_\_

Referred for Further Screening: \_\_\_\_\_\_\_ If yes, add location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If form self-completed, staff name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Screened by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Individuals who have received either a second dose of the Moderna or Pfizer COVID-19 vaccines or a single dose of the Janssen COVID-19 vaccine at least 14 days ago.

\* \*“Close contact” is defined as living in the same household as a person who has tested positive for COVID-19, caring for a person who has tested positive for COVID-19, being within 6 feet of a person who has tested positive for COVID-19 for about 15 minutes, or has been in direct contact with secretions (e.g., sharing utensils, being coughed on) from a person who has tested positive for COVID-19, **while that person was symptomatic or in the 48 hours prior to illness onset.** Decisions about who had close contact and implementation of legal quarantine are done through the Local Board of Health.