

Daily Self-Screening Questionnaire

The Barrington Area Library has a strong commitment to providing a safe and healthy work environment for its employees. As part of this commitment, we need every employee's help in preventing and minimizing the impact of COVID-19, or any other communicable disease, within the Library.

To protect yourself and others, ask yourself the three questions below prior to every work shift. If you answer YES to any of the questions, notify your manager or Human Resources for further guidance.

As you consider whether or not to come into work, ask yourself the following:

1. Have you experienced any of the following symptoms (outside the norm of what you typically experience) over the past 14 days? YES NO
Persistent cough
Shortness of breath
Difficulty breathing
Fever (temperature above 100.4 F)
Chills
Fatigue
Muscle or body aches
Headache
Sore throat
New loss of taste/smell
Congestion or runny nose
Nausea or vomiting
Diarrhea
2. Have you recently (in the past 14 days) been in close contact with anyone who has exhibited any of the above symptoms? (Close contact means within less than six feet for a prolonged period of time). YES NO
3. Have you recently (in the past 14 days) been in contact with someone who has tested positive for COVID-19, or, been advised to self-isolate by a medical professional due to COVID-19 reasons? YES NO