

**Eastern Virginia Medical School  
Vehicle Cleaning/Disinfecting Protocol  
Employee Screening Questionnaire**

*Attachment A*

Circle Y for 'yes', or N for 'no'.

1. Do you and/or any one in your household have new onset of cough, sore throat/ hoarse voice, running nose, subjective fever, muscle aches, fatigue, shortness of breath/ breathing difficulties, loss of taste or smell, vomiting or diarrhea currently or experience it within last 14 days?	Y / N
2. In the last 14 days have you been in close contact with someone that is confirmed to have COVID-19? (Note: Public Health officials will notify close contacts of confirmed COVID-19 cases)	Y / N
3. Have you been diagnosed or treated for COVID 19 personally in that last 14 days?	Y / N
4. Have you transported someone suspected of having, or diagnosed with COVID-19 in the last 14 days?	Y / N

\*If you answer "Yes" to any question, please follow the EVMS/EVMS Medical Group Faculty, Residents and Staff Instructions for Exposure to COVID-19 or Symptoms of COVID-19, which can be found on the EVMS MyPortal Home page.

\*Any "Yes" answer will prevent you from operating the vehicle.

**Employee Name:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_