

## Dakota College at Bottineau COVID-19 Screening Tool

<b>Date of Initial Screening:</b>		
<b>Name:</b>		
<b>Date of Birth:</b>		
<b>Phone Number:</b>		
<b>1. Do you currently have or have you in the past 14 days had any of the following symptoms?</b>		
Fever	Yes	No
Cough	Yes	No
Shortness of breath	Yes	No
<b>2. Have you travelled outside of North Dakota within the last 14 days?</b>		
	Yes	No
Location and dates of travel:		
<b>3. Have you had close contact with a person with any respiratory illness in the past 14 days?</b>		
	Yes	No
<b>4. Have you had close contact with an ill person who has travelled out of the state within the past 14 days?</b>		
	Yes	No

**Initial screener signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If the individual answers NO to all questions, they have passed the screening and can enter the building.

If the individual answers YES to any of the screening questions or refuses to answer, then they have failed the screening and cannot enter the building. In addition, they should self-quarantine for 14 days based on CDC recommendations.

<b>Subsequent Entry Screening Questionnaire</b>		
<b>Have any of the answers to the initial screening questions changed since your last visit?</b>		
Screener signature and date:	Yes	No
Screener signature and date:	Yes	No
Screener signature and date:	Yes	No
Screener signature and date:	Yes	No

TEAR HERE

**If you have failed this screening, please contact the North Dakota Health Department at:**

[www.health.nd.gov/coronavirus](http://www.health.nd.gov/coronavirus). Or call Division of Disease Control immediately at 701-328-2378 or 800-472-2180.