



Karnes County EMS

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Kenedy, TX 78119
Office: 830-583-9237
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COVID-19 Screening Tool

Employee/Visitor Name: _____

Date: _____

Time of Screening: _____

Provider Performing Screening: _____

Screening Questionnaire

Temperature: _____ (Day 1) _____ (Day 2) Obtained By: _____

Do you have a fever (≥ 100.4 F)? Yes No

Do you have the following signs or symptoms?

- | | | |
|-----------------------|-----|----|
| - Sore Throat | Yes | No |
| - Cough | Yes | No |
| - Shortness of Breath | Yes | No |

Have you had recent travel (within the last 30 days) to the following areas?

- | | | |
|---|-----|----|
| - To major Texas urban cities (San Antonio, Austin, Houston, Dallas, FortWorth) | Yes | No |
| - Out of the State of Texas | Yes | No |
| - China | Yes | No |
| - Japan | Yes | No |
| - South Korea | Yes | No |
| - Iran | Yes | No |
| - Europe | Yes | No |

Have you had close contact (within 6 ft) of a laboratory confirmed COVID-19 person? Yes No

Employee/Visitor Signature: _____

For Admin Use ONLY

- | | | |
|--|-----|----|
| 1 - Does the person have a documented temperature of equal to or greater than 100.4? | Yes | No |
| 2 - Does the person have any active S/S of URI or ILI? | Yes | No |
| 3 - Does the person have any positive travel history? | Yes | No |
| 4 - Has the person had any positive close contact with a COVID-19 patient? | Yes | No |

Criteria For Entry and/or Continuation of Work

NO visitor(s) with a documented temperature of greater than 100.4F, signs/symptoms of URI/ILI, positive travel history out of state or country and/or contact with COVID positive patient will be admitted into the EMS facility for any reason.

Employees returning to their scheduled shift shall have this screening completed at the beginning of their shift as well as have an additional temperature obtained 24hrs later (i.e. beginning of their second day on duty). If one of the criteria (1 through 3) are met, EMS employees must consult with EMS Directors and potentially EMS Medical Director(s). If multiple criteria are met, EMS employee will not be able to continue his/her assigned shift. Notification to the EMS Director(s) shall be made immediately.