



## **CORONAVIRUS (COVID-19) EXPOSURE NON-EMPLOYED PERSONNEL QUESTIONNAIRE**

*In light of the ongoing COVID-19 pandemic, as a precaution, all non-employed personnel will need to complete ALL of the following questionnaire no sooner than 3 days prior to providing services on-site at any location of St. Luke's University Health Network.*

1. Please circle the location of your assignment: PENNSYLVANIA NEW JERSEY BOTH
2. I currently reside in: PENNSYLVANIA NEW JERSEY OTHER (Please list) \_\_\_\_\_
3. Are you currently experiencing symptoms of a fever with a temperature greater or equal to 100<sup>0</sup>, sore throat, cough, or shortness of breath/difficulty breathing? \_\_\_\_\_YES\* \_\_\_\_\_NO  
\*If yes, then please call your PCP immediately for further direction. If you are completing this form on site. Please find the safest and most direct route to the nearest exit and avoid close contact with others until you can get further advice from your PCP.
4. Are you fully Vaccinated from Covid-19? \_\_\_\_\_ NO \_\_\_\_\_ Yes (list date of final dose)
5. Please list the states/countries you have traveled to outside of PA or NJ within the last 10 days?

LIST LOCATION(S) AND DATES: \_\_\_\_\_

DO YOU HAVE A NEGATIVE COVID-19 TEST?

\_\_\_\_\_YES\* \_\_\_\_\_NO \_\_\_\_\_AWAITING RESULTS\*

\*LIST THE DATE IT WAS ADMINISTERED

**Note: If your assignment is in Pennsylvania please review and comply with the current travel restrictions as listed here:**

<https://www.health.pa.gov/topics/disease/coronavirus/Pages/Travelers.aspx>

**If your assignment is in New Jersey please review and comply with the current travel restrictions as listed here:** <https://covid19.nj.gov/faqs/nj-information/travel-and-transportation/are-there-travel-restrictions-to-or-from-new-jersey#direct-link>

6. Have you been in contact with someone who is a suspected or confirmed case of COVID-19 in the last 10 days?  
\_\_\_\_\_YES \_\_\_\_\_NO IF YES, LIST LOCATION(S) AND DATE(S): \_\_\_\_\_  
DID YOU WEAR PROPER PPE? \_\_\_\_\_YES \_\_\_\_\_NO
7. Have you worked in a facility with a reported case of COVID-19 in the last 10 days?  
\_\_\_\_\_YES \_\_\_\_\_NO IF YES, LIST LOCATION(S) AND DATE(S): \_\_\_\_\_  
DID YOU WEAR PROPER PPE? \_\_\_\_\_YES \_\_\_\_\_NO
8. Have you been notified that you were exposed to a positive COVID-19 patient and/or are part of an ongoing exposure?  
\_\_\_\_\_YES\* \_\_\_\_\_NO IF YES, LIST DATE(S) \_\_\_\_\_  
\* IF YES HAVE YOU BEEN TESTED FOR COVID?  
\_\_\_\_\_YES\* \_\_\_\_\_NO \_\_\_\_\_AWAITING RESULTS\*  
\*LIST THE DATE IT WAS ADMINISTERED

Note: If you answer **Yes** to any of the questions above, you may not be permitted entry into our facilities. In addition, if any affirmative answers to the above questions change at the time of your start date, you will need to contact Human Resources at 267-831-3209 prior to being authorized to start.

Please refer to the CDC website for the most recent updates: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

**I certify that the above information is accurate to the best of my knowledge. I also understand and agree that if I am authorized to be on premises, I must follow St. Luke's universal masking policy and monitor my temperature daily.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date