

# COVID-19 VISITOR SELF SCREENING QUESTIONNAIRE



1

Regardless of your vaccination status, have you experienced any of the below symptoms in the last 48 hours? Do not answer yes if you have a medical condition other than COVID-19 that causes these symptoms (i.e. allergies).

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body ache
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

**YES**  
**STOP**  
Access to  
DCF offices  
**NOT APPROVED**

**NO**  
Proceed to  
Question 2

2

Are you isolating or quarantining because you tested positive for COVID-19 or are worried that you may be sick with COVID-19?

*If you have concerns about being exposed to or sick with COVID-19, please stay home and self-quarantine or isolate. [Read more](#) about when you should be in isolation or quarantine. If you have questions about when it is safe to return to the workplace, please contact the DCF Office of Human Resources at [DCFhumres@dcf.nj.gov](mailto:DCFhumres@dcf.nj.gov)*

**YES**  
**STOP**  
Access to  
DCF offices  
**NOT APPROVED**

**NO**  
Proceed to  
Question 3

3

Are you fully vaccinated AND/OR have you recovered from a documented COVID-19 infection in the last 3 months?

*To be considered fully vaccinated, you must be  $\geq 2$  weeks following receipt of the second dose in a 2-dose series or  $\geq 2$  weeks following receipt of one dose of a single-dose vaccine.*

**YES**  
Proceed to  
Question 4

**NO**  
Proceed to  
Question 4

4

Have you been in close physical contact in the last 14 days with:

- Anyone who is known to have laboratory-confirmed COVID-19? OR
- Anyone who has any symptoms consistent with COVID-19?

*Close physical contact is defined as being within 6 feet of an infected/symptomatic person for a cumulative total of 15 minutes or more over a 24-hour period starting from 48 hours before illness onset (or, for asymptomatic individuals, 48 hours prior to test specimen collection).*

**YES**  
**If you are Fully Vaccinated**  
 Proceed to Question 5

**NO**  
**If you are Fully Vaccinated,**  
 Access to DCF offices  
**APPROVED**  
  
**Not Fully Vaccinated,**  
 Proceed to Question 6

5

Were you tested 3 – 5 days after your exposure with the close contact?

**YES**  
 Proceed to the Certification Step Below  
  
 Access to DCF offices  
**APPROVED**

**NO**  
**STOP**  
 Access to DCF offices  
**NOT APPROVED**

6

Are you currently waiting on the results of a COVID-19 test?

**IMPORTANT: ANSWER "NO" IF YOU ARE WAITING ON THE RESULTS OF A PRE-TRAVEL OR POST-TRAVEL COVID-19 TEST.**

**YES**  
**STOP**  
 Access to DCF offices  
**NOT APPROVED**

**NO**  
 Proceed to the Certification Step Below  
 Access to DCF offices  
**APPROVED**

I certify that my responses are true and correct:  Yes  No

LET'S HELP TO KEEP EACH OTHER SAFE, HEALTHY AND CONNECTED.

