

# FIRST POINT OF CONTACT SCREENING FORM



As of 7/6/2021

Name of Staff/Client/Visitor (Print): \_\_\_\_\_ Date: \_\_\_\_\_

<b>Temperature Reading Must be at or Below 100.4</b> Passed ____ Failed ____ If Failed:      Temperature Reading is: _____
---

**For Staff Member Entering Building: Mask on Entry**       Yes       No  
If **No**, were they given a Mask:       Yes       No

**For Client/Visitor Entering Building: Mask on Entry**       Yes       No  
If **No**, were they given a Mask:       Yes       No

At TAP we are committed to providing a safe environment for our clients, the public and our staff. Please complete this form truthfully so that we can all prevent the spread of germs that can cause this virus to grow.

Please answer the following questions.

1. Have you been diagnosed with the coronavirus within the past 14 days       Yes       No  
Date Diagnosed: \_\_\_\_\_ Date of Negative Test Result: \_\_\_\_\_
2. Are you currently waiting on the results of a COVID-19 test?       Yes       No  
Date COVID Test Taken: \_\_\_\_\_
3. Have you been in close contact (6 feet or closer for a cumulative total of 15 minutes) or living with someone known to have or suspected of having coronavirus within the past 14 days?       Yes       No  
Date of Negative Test Result: \_\_\_\_\_ Self-Quarantined for 10 days:       Yes       No
4. Do you have any CDC mandated COVID symptoms:       Yes       No

**TAP OFFICE INFORMATION (SCREENER REQUIRED TO COMPLETE)**

Screener's Name (Print): \_\_\_\_\_ Your Location: \_\_\_\_\_  
Screened Person Referred To: \_\_\_\_\_ Location: \_\_\_\_\_  
Client/Visitor Phone# or Email \_\_\_\_\_  
Client/Visitor Home Address: \_\_\_\_\_

Check All Actions Taken: **(Return completed forms to the director)**

No Action Needed	
Negative Test/10 days Secluded	
Denied Entry Due to Risk/Temperature	

**Testing for coronavirus is considered on a case-by-case basis in consultation with local health departments. Total Action for Progress (TAP) reserves the right to restrict entry to its facilities for any individuals it feels present a risk of infection.**