



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: _____

(Circle Yes or No)

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

Do you have the following signs or symptoms?

- Sore Throat Yes No
- Cough Yes No
- Body Aches Yes No
- Shortness of Breath Yes No

Have you had recent travel to a densely populated area or gathering? Yes No

Have you have close contact (<6 ft) with a laboratory confirmed COVID-19 patient? Yes No

- If "Yes" were appropriate respiratory precautions in place at the time of contact? N/A Yes No

Employee/Visitor Signature: _____ Phone Number: _____

Criteria For Entry and/or Continuation of Work

No Visitor(s) with a documented temperature of greater than or equal too 100.4F, signs/symptoms or URI/ILI and/or contact with a laboratory confirmed COVID-19 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 (morning of their second day). If the EMS employee is symptomatic (febrile or displays S/S of COVID-19), consultation with the EMS Director(s) is required prior to continuing his/her assigned shift.