**EMS Provider Screening Checklist**

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*For Use Prior to Shift*

**EMS providers should answer the following questions prior to the start of their shift. If the EMS provider’s shift exceeds 12-hours, then they should repeat the screening every 12-hours.**

1. Do you have a fever > 100.0 °F? [ ]  YES [ ]  NO
2. Are you experiencing a dry cough? [ ]  YES [ ]  NO
3. Are you experiencing a sore throat? [ ]  YES [ ]  NO
4. Are you experiencing difficulty breathing? [ ]  YES [ ]  NO
5. What is your temperature? \_\_\_\_\_ °F