

OMCA Daily Screening Questionnaire

NAME: _____

DATE: _____ TIME: _____

SECURITY CONTROL OFFICER: _____

1) Within the last 10 days, have you been diagnosed with COVID-19 or had a test confirming you have the virus?

- YES
- NO

2) Do you live in the same household with, or have you had close contact* in the past 14 days with, someone who has been in isolation for COVID-19 or had a test confirming they have the virus?

- YES
- NO

3) Have you had any one or more of these symptoms today or within the past 24 hours, which is new or not explained by a reason other than possibly having COVID-19?

- Fever (>100.4 F), chills, or repeated shaking/shivering
- Cough
- Sore throat
- Shortness of breath, difficulty breathing
- Feeling unusually weak or fatigued
- Loss of taste or smell
- Muscle pain
- Headache
- Runny or congested nose
- Diarrhea
- Nausea and vomiting

- YES
- NO

If you answered “Yes” to any one of the above questions, you will not be allowed to enter the Museum. OMCA employees should go home and contact your supervisor and HR at hr@museumca.org. Contractors, vendors, and visitors follow Alameda County health and safety guidelines to see if you need to take further action.