

# Healthcare Facility Health and Safety Screening Questionnaire

The **healthcare facility health and safety screening questionnaire** is designed to ensure the well-being of patients, staff, and visitors by identifying potential health risks. This essential tool helps facilities maintain compliance with safety protocols and minimize the spread of infectious diseases. Regular screening promotes a safer and healthier environment for everyone within the healthcare setting.

## Personal Information

**Full Name:**

**Role:**

 

**Date:**

## Screening Questions

**1. Are you currently experiencing any of the following symptoms? (Check all that apply)**

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Sore throat
- None of the above

**2. In the past 14 days, have you had close contact with someone who tested positive for an infectious disease (e.g., COVID-19)?**

Yes  No

**3. Have you traveled internationally in the last 14 days?**

Yes  No

**4. Have you received all recommended vaccinations (including annual flu and COVID-19 vaccines, if applicable)?**

Yes  No

**Additional Comments:**

Please specify any other information that may be relevant:

**Submit**