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**Risk Assessment and Reporting Form for
New Employee/Student to Beaufort Memorial**

**Instructions**: Complete this form and email to healthupdates@bmhsc.org. You will be provided instructions for you to communicate to the new employee/student.

Employee/Student Name: \_\_\_Title: \_\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dept: \_\_\_\_Dept. Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date:

BMH Contact: Employee Phone Number:

The Beaufort Express Care is available for testing Monday-Saturday 8 a.m. to noon. Testing is performed in the Emergency Department on Sunday 8 a.m. to noon. **If testing is required, make sure you are tested on the date listed.** Please call in advance to schedule a time at 843-524-3344.

* **Low Risk**: Employee/student may return to work without restrictions.

Other:

* **Moderate**
* **Call the Beaufort Express Care (843-524-3344, select opt. 3) in advance to schedule a COVID-19 test to be conducted on for pre-employment or student pre-screening.**
* If COVID-19 test result is negative, employee/student may continue/start working and will not need clearance from Occupational Health. If COVID-19 test result is positive, employee/student may not work and will be provided additional instructions.
* Self-monitor for symptoms and contact Occupational Health if any COVID-19 symptoms develop.

Other:

* **High Risk:**
* Self-isolate at home for 6 days through .
* **Call Express Care (843-524-3344, opt. 3) in advance to schedule a COVID-19 test on (day 7) before starting any in person pre-employment.**
* **Employee/student may not work until test result is determined and is cleared by Occupational Health.** If COVID-19 test result is positive, employee/student may not work and will be provided additional instructions.
* Self-monitor for symptoms and contact Occupational Health if employee/student develops any COVID-19 symptoms.

Other:

Our goal is to keep our patients, staff and you safe. Please observe each of the following safe practices while visiting BMH.

* On a daily basis, you will be screened for temperature and signs and symptoms of COVID-19.
* You will also be asked about recent, higher risk activity such as large crowds, travel, exposure to COVID-19 patients, etc.
* Immediately report if you have any COVID-19 symptoms, including respiratory problems, fever, or abdominal pain/diarrhea. Do not come to work sick and if sick report this to your manager.
* **Wear a facemask at all times while at BMH**.
* Practice good hand hygiene.
* Avoid patients and patient-care areas.
* Practice social distancing during meetings, lunch, breaks, etc.
* Avoid crowding in elevators. There should be no more than 2-3 people in an elevator and masks must be worn.

**Where is employee/student coming from?** City: \_\_\_ State:

**What is your arrival date to the Beaufort area if relocating for position? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Planned orientation/1st day at BMH? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pre-employment scheduled date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any travel outside of Beaufort County 14 days prior to start date? Y\_\_ N\_\_ Location? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Who is your current/previous employer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**When was your last day with your previous employer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Will you maintain a secondary job while working for BMH? Y\_\_ N \_\_ If so, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have plans to travel within the next 30 days? If so, where?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In the 14 days prior to arrival, has the individual done any of the following?**

|  |  |
| --- | --- |
| Traveled by air, bus, train, cruise ship or riverboat | 🞏 Yes 🞏 No |
| Come from or traveled outside of the U.S. | 🞏 Yes 🞏 No |
| Come from or traveled to a current COVID “hotspot” | 🞏 Yes 🞏 No |
| Worked at or visited a hospital, nursing home or senior living facility | 🞏 Yes 🞏 No |
| Attended a gathering of 50 or more people and unable to maintain social distancing or wear a mask | 🞏 Yes 🞏 No |
| Had close/prolonged exposure to anyone who is sick or who has COVID symptoms, such a fever, cough, shortness of breath, sore throat, etc. | 🞏 Yes 🞏 No |
| Gone to a large venue (e.g., concert, movie theater, sporting venue, place of worship, funeral) and was unable to maintain social distancing or wear a mask | 🞏 Yes 🞏 No |
| Stayed in a hotel, motel, rental property, or campground and unable to maintain social distancing | 🞏 Yes 🞏 No |
| Come in contact with anyone who has tested positive or has pending test results for COVID-19  | 🞏 Yes 🞏 No |

**Has the new employee/student been tested for COVID-19?** 🞏 Yes 🡺 **Date of most recent test:** 🞏 No

**If yes, what was the reason for testing?**

* + Close contact with COVID-19 patient
	+ Healthcare screening required by physician or employer
	+ Had COVID symptoms

**What were the results of the COVID test?**

* Negative/Not detected
* Positive
* Pending

**How will the employee/student arrive here?**

**Please provide any other pertinent information**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Air (list airports)
* Car
* Other (describe)

**What symptoms, if any, is the employee/student experiencing?**

|  |
| --- |
| * Cough
 |
| * Fever >99.5
 |
| * Sore throat
 |
| * Shortness of breath
 |
| * Sneezing
 |
| * Runny nose
 |
| * Abdominal pain
 |
| * Diarrhea
 |
| * Chest heaviness/tightness
 |
| * Fatigue
* Vomiting
* Rash
 |
| * None
 |
| * Other (list)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |