

Daily Health Assessment Form Submitter QRG

Quick Reference Guide to show Roanoke County employees how to complete and submit the Daily Health Assessment Form used to screen for symptoms that indicate possible COVID-19. The answers chosen will determine if an employee is CLEAR or NOT CLEAR to report to work.

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Daily Health Assessment Form Submission

This process is performed by an employee prior to reporting to work each day.

This process will ask the employee to answer qualifying health questions that based on the answers will immediately notify the submitter if they are CLEAR or NOT CLEAR to report to work that day.

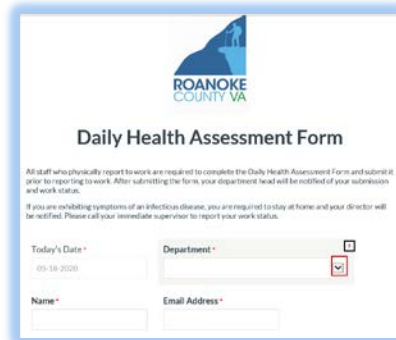
Submit a Daily Health Assessment Form

1. Browse To: www.roanokecountyva.gov/Employees
2. Single-click **Roanoke County Daily Health Assessment Form** icon.

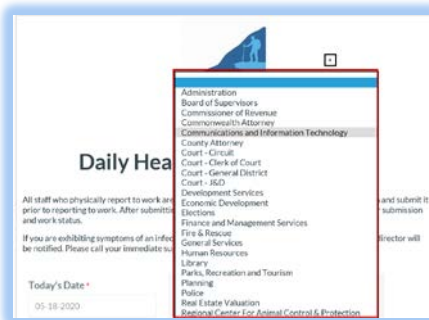


NOTE: The Today's Date field will be auto filled with the current date and cannot be changed.

3. Single-click the down arrow in the **Department** field.



4. Single-click the submitters **Department** from the list that appears.

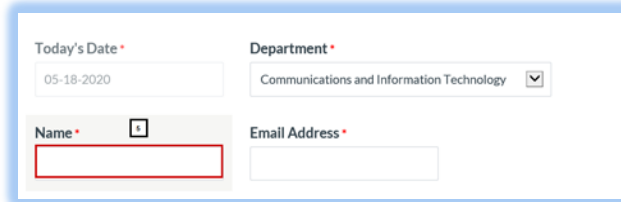


NOTE: If the submitter is a **Department Director** or **Constitutional Officer** select **Administration** as the department.

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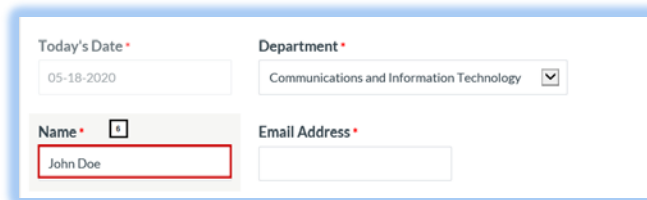
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5. Single-click in the **Name** field.



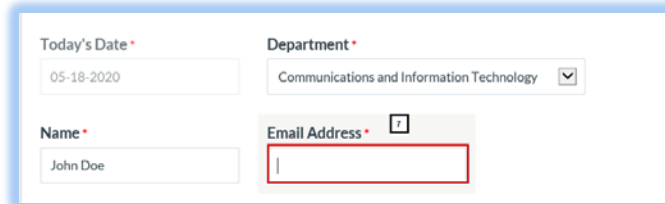
A screenshot of the form with the following fields: Today's Date (05-18-2020), Department (Communications and Information Technology), Name (empty), and Email Address (empty). The Name field is highlighted with a red border and a small square icon next to it.

6. Type in submitters **First** and **Last Name**.



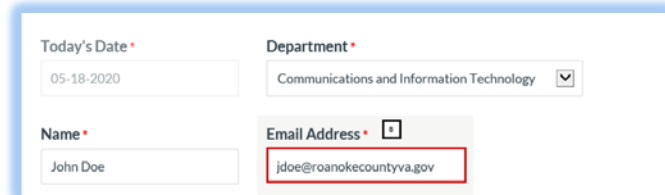
A screenshot of the form with the following fields: Today's Date (05-18-2020), Department (Communications and Information Technology), Name (John Doe), and Email Address (empty). The Name field is highlighted with a red border and a small square icon next to it.

7. Single-click the **Email Address** field.



A screenshot of the form with the following fields: Today's Date (05-18-2020), Department (Communications and Information Technology), Name (John Doe), and Email Address (empty). The Email Address field is highlighted with a red border and a small square icon next to it.

8. Type in submitters **County Email**.

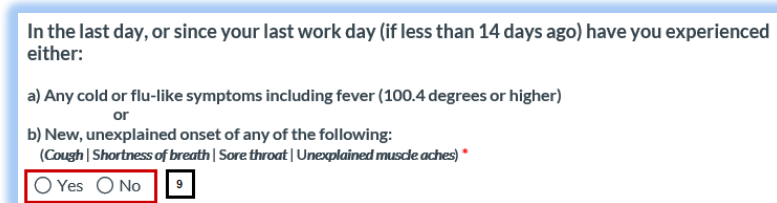


A screenshot of the form with the following fields: Today's Date (05-18-2020), Department (Communications and Information Technology), Name (John Doe), and Email Address (jdoe@roanokecountyva.gov). The Email Address field is highlighted with a red border and a small square icon next to it.

NOTE: If submitter does not have County issued email, please provide a personal email.

9. Single-click **Yes or No** for Question 1.

NOTE: Please read carefully and completely before selecting your answer.



In the last day, or since your last work day (if less than 14 days ago) have you experienced either:
a) Any cold or flu-like symptoms including fever (100.4 degrees or higher)
or
b) New, unexplained onset of any of the following:
(Cough | Shortness of breath | Sore throat | Unexplained muscle aches) *

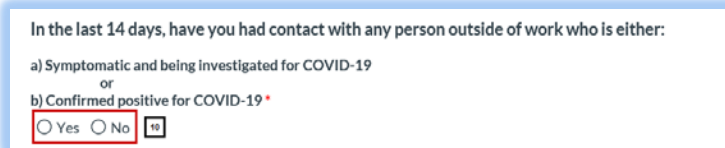
Yes No

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10. Single-click **Yes or No** for Question 2.

NOTE: Please read carefully and completely before selecting your answer.



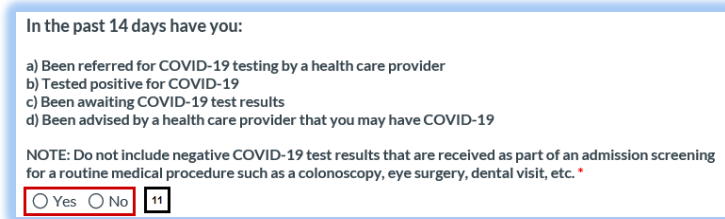
In the last 14 days, have you had contact with any person outside of work who is either:

- a) Symptomatic and being investigated for COVID-19
- or
- b) Confirmed positive for COVID-19 *

Yes No

11. Single-click **Yes or No** for Question 3.

NOTE: Please read carefully and completely before selecting your answer.



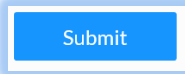
In the past 14 days have you:

- a) Been referred for COVID-19 testing by a health care provider
- b) Tested positive for COVID-19
- c) Been awaiting COVID-19 test results
- d) Been advised by a health care provider that you may have COVID-19

NOTE: Do not include negative COVID-19 test results that are received as part of an admission screening for a routine medical procedure such as a colonoscopy, eye surgery, dental visit, etc. *

Yes No

12. Single-click **Submit** at the bottom of the form.



NOTE: Submitter will be notified via an on-screen message if they are CLEAR or NOT CLEAR to report to work based on their answers to Questions 1, 2, and 3.

Submitter may proceed to work upon receiving a CLEAR notification.



Submitter may not proceed to work and must contact their immediate supervisor upon receiving a NOT CLEAR notification.



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NOTE: Department Director/Assistant Director(s) will be notified if submitter is NOT CLEAR to report to work.

NOTE: If the submitter is a **Department Director** or **Constitutional Officer** the notification of a NOT CLEAR status will be sent to the County Administrator/Assistant County Administrators.