This handout is for screening clients, visitors and other non-personnel before letting them enter a location or business. SFDPH discourages anyone from denying core essential services (such as food, medicine, shelter, or social services) to those who answer “yes” to any of the questions below and encourages people to find alternative means to meet clients’ needs that would not require them to enter the location. Health Officer Directives may provide additional requirements regarding screening in a specific context. This form, a screening form for personnel, and additional guidance on screening are available at [www.sfcdcp.org/screen](http://www.sfcdcp.org/screen).

**PART 1 – Please answer the following questions before entering this location.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In the last 10 days, have you been diagnosed with COVID-19 or had a test confirming you have the virus?</td>
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<tr>
<td>2. In the past 14 days, have you had “Close Contact” with someone who was diagnosed with COVID-19 or had a test confirming they have the virus while they were contagious?</td>
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</tbody>
</table>
| “Close Contact” means you had any of the following types of contact with the person with COVID-19 (regardless of whether you or the person with COVID-19 were masked) while they were contagious:
  * Were within 6 feet of them for a total of 15 minutes or more in a 24 hour period
  * Lived or stayed overnight with them
  * Were their intimate sex partner, including only kissing
  * Took care of them or they took care of you
  * Had direct contact with their body fluids or secretions (e.g., they coughed or sneezed on you or you shared eating or drinking utensils with them)
| 3. In the past 24 hours, including today, have you had one or more of these symptoms that is new or not explained by another condition? |     |    |
|   * Fever (100.4°F/38.0°C or greater), chills, repeated shaking/shivering
   * Cough
   * Sore throat
   * Shortness of breath, difficulty breathing
   * Feeling unusually weak or fatigued*
   * Loss of taste or smell
   * Muscle or body aches*
   * Headache
   * Runny or congested nose*
   * Diarrhea
   * Nausea or vomiting |

If you answer “YES” to ANY of these 3 questions, do **not** enter the location. Follow the steps listed in **Part 2** below. If you are seeking core essential services (such as food, medicine, shelter, or social services), work with the organization to determine how you can receive services these services without entering the building.

**PART 2**

- If you answered **YES** to Question 1 or Question 2:
  - Follow Isolation/Quarantine Steps at: [www.sfcdcp.org/Home-Isolation-Quarantine-Guidelines](http://www.sfcdcp.org/Home-Isolation-Quarantine-Guidelines)
    - You MUST follow these isolation/quarantine rules, as mandated by Health Directive No 2020-03c/02c.
    - Do not leave your home to the extent possible until the Isolation/Quarantine Steps tell you it is safe to do so!
    - If you need help with essential services like food, housing, or other needs while you are isolating or quarantining, call 3-1-1.

- If you answered **YES** to Question 3: You may have COVID-19 and to keep others safe, you should isolate until you know whether you have COVID-19. **Follow these steps:**
  1. Follow the instructions at: [www.sfcdcp.org/Home-Isolation-Quarantine-Guidelines](http://www.sfcdcp.org/Home-Isolation-Quarantine-Guidelines)
  2. **GET TESTED!** If you have insurance, contact your healthcare provider to get tested for COVID-19. If you do not have insurance, you can sign up for free testing at CityTestSF ([https://sf.gov/citytestsf](https://sf.gov/citytestsf)).
    - Follow the instructions in [www.sfcdcp.org/Home-Isolation-Quarantine-Guidelines](http://www.sfcdcp.org/Home-Isolation-Quarantine-Guidelines) to determine next steps depending on your test result.