

UC ANR Employee Clearance to Work Survey

Use this form on days that you are working onsite or in the field to verify that you have no COVID-19 symptoms or exposures. Employees do not need to complete the survey on days when they are only working from home.

UC ANR takes your private information seriously. Any reports shared from this survey will only include your name and final clearance for in-person work or advised to stay home status. Your survey responses and personal information will not be saved or shared. You should report your survey result status for in-person work to your director/supervisor.

Please answer the following questions and refer to the responses and actions as guided by the survey responses

Employee Name		Date	
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#	Yes	No	Question												
1			<p>Please measure your temperature each day. In the last 24 hours, have you had a fever of 100.0°F / 37.8°C or higher?</p> <p><i>If yes, end of survey. Stay Home. Continue to monitor your symptoms. Contact your health care provider for evaluation and testing. See Stay Home Response for additional information. If no, continue to next question.</i></p>												
2			<p>Do you have any of the following symptoms in the last 24 hours (not from a known or chronic condition)?</p> <p>Select all that apply.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Fever</td> <td style="width: 50%;">Diarrhea</td> </tr> <tr> <td>Cough</td> <td>Muscle pains / body aches</td> </tr> <tr> <td>Shortness of breath / Difficulty breathing</td> <td>Headache</td> </tr> <tr> <td>Loss of sense of taste or smell</td> <td>Unusual or severe fatigue</td> </tr> <tr> <td>Sore throat</td> <td>Eye redness with or without discharge</td> </tr> <tr> <td>Runny Nose / Sinus congestion</td> <td>Nausea or vomiting</td> </tr> </table> <p><i>If yes to any symptoms, end of survey. Stay Home. Continue to monitor your symptoms. Contact your health care provider for evaluation and testing. See Stay Home Response for additional information. If no, continue to next question.</i></p>	Fever	Diarrhea	Cough	Muscle pains / body aches	Shortness of breath / Difficulty breathing	Headache	Loss of sense of taste or smell	Unusual or severe fatigue	Sore throat	Eye redness with or without discharge	Runny Nose / Sinus congestion	Nausea or vomiting
Fever	Diarrhea														
Cough	Muscle pains / body aches														
Shortness of breath / Difficulty breathing	Headache														
Loss of sense of taste or smell	Unusual or severe fatigue														
Sore throat	Eye redness with or without discharge														
Runny Nose / Sinus congestion	Nausea or vomiting														
3			<p>Have you tested positive for COVID-19 in the past 10 days?</p> <p><i>If yes, end of survey. Stay Home for at least 10 days and until your symptoms have resolved, or your healthcare provider clears you to return to work. See Stay Home Response for additional information. If no, continue to next question.</i></p>												
4			<p>Within the past 10 days have you been in close contact with a person who has tested positive or is presumed positive for COVID-19? “Close contact” is defined as being within 6 feet of an infected person for a cumulative total of 15 minutes or more. (Note: if you live with or are repeatedly exposed to a COVID-19 positive individual, you must count the days since that individual was cleared from self-isolation or recovered)</p> <p><i>If yes, end of survey. Stay Home. Practice self-quarantine. Contact your medical provider or health department for further guidance. See Stay Home Response for additional information. If no, continue to next question.</i></p>												

Note: Do not retain the responses of any individual’s Clearance to Work Survey, only retain the final result, i.e.: “Not Working In-Person,” “Cleared to Work,” or “Stay Home.” Use the Daily Attendance and Visitor Log to record survey clearance status.

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#	Yes	No	Question
5			<p>Are you currently staying home from work due to illness or because you have been directed by your medical provider or public health official to quarantine?</p> <p><i>If yes, end of survey. Stay Home. Practice self-quarantine. See Stay Home Response for additional information. If no, continue to next question.</i></p>
<p><i>If the answer to questions 1, 2, 3, 4, and 5 are “no,” you are Cleared to Work in-person at UC ANR work sites or a field work site.</i></p> <p><i>Otherwise, Stay Home, and see Stay Home Response for additional information.</i></p>			

Note: Do not retain the responses of any individual’s Clearance to Work Survey, only retain the final result, i.e.: “Not Working In-Person,” “Cleared to Work,” or “Stay Home.” Use the Daily Attendance and Visitor Log to record survey clearance status.

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STAY HOME RESPONSE

Survey result: You are advised not to come to in-person work and should remain self-isolated at home. This is not a clearance to work result.

Next Steps

Please communicate with your supervisor your decision to telecommute or take leave.

If you think this guidance is incorrect, please carefully re-take the survey, evaluating yourself for symptoms and considering potential exposures. If you still have questions, you can call ANR Risk & Safety Services at 530-304-2054.

Additional Information

If you have symptoms, you should consider contacting your healthcare provider for consultation and determination if you should be tested.

If you develop severe symptoms, such as confusion, severe dehydration, or worsening difficulty breathing, call your doctor or seek emergency care by calling 911. If you are unsure about your symptoms, please contact your healthcare provider.

If you have tested positive, you should follow your healthcare provider's advice for managing your symptoms of illness. Maintain contact with your healthcare provider, especially if symptoms worsen, or more symptoms appear.

If you have been exposed to someone who has COVID-19, you should self-quarantine for at least 10 days from the last exposure and monitor yourself for symptoms of illness. You should also contact your healthcare provider for consultation and determination if you should be tested.

See the CDC webpage for more information about what to do if you have symptoms or are sick:

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

If you are quarantining due to potential exposure, follow your local public health recommendations or CDC guidelines: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

You may also identify testing resources in your area using this link of state-provided testing locations:

<https://www.arcgis.com/apps/Nearby/index.html?appid=43118dc0d5d348d8ab20a81967a15401>

Clearance to return to work conditions include:

- a) Your symptoms are improving or resolved, 10 days since symptoms first appeared, and at least 24 hours with no fever without the use of fever-reducing medications, or
- b) If you have tested positive for COVID-19, your symptoms have resolved, 10 days since you tested positive, and are cleared to return to work by your physician, or
- c) At least 10 days have passed since you were last exposed to a person with confirmed COVID-19 infection. If you have not been able to isolate from that individual, count 14 days after they are cleared from quarantine by their physician, or
- d) You are cleared from self-isolation by a physician.

See the UC ANR Return to Work Guidance: <https://ucanr.edu/sites/safety/files/331768.pdf>

If you are currently working at another institution, please follow the guidelines of that institution.

This can be a stressful time. The UC Davis Academic and Staff Assistance Program (ASAP) offers confidential, cost free assessment, intervention, consultation and referral services for ANR employees and their immediate families. ASAP is providing services remotely to employees and their loved ones. For more information, visit <https://hr.ucdavis.edu/departments/asap> or contact ASAP at (530) 752-2727.

You can call the ANR Risk & Safety Services at 530-304-2054 with any additional questions.