COVID-19 ASSESSMENT FOR NON-EMPLOYED ENTRANTS

Every individual seeking entrance into a Beaumont Health facility (including third party building occupants) must be assessed for COVID-19 symptoms and risk factors before entering.

This assessment should be completed every day entrance is requested..

This survey can be completed on any mobile device with access to a web browser. You do not need to be on the Beaumont network. NOTE: If you do not have mobile device, skip to instructions on page 5.

1) Go to the URL: https://secure.beaumont.org/vendorclearforwork

Alternatively, you can scan the following QR code with your Smartphone camera:



- 2) Enter your First Name, Last Name, Organization
- 3) Answer the two questions provided and click "Submit".

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COVID-19 ASSESSMENT FOR NON- BEAUMONT EMPLOYED ENTRANTS Every individual seeking entrance into a Beaumont Health facility (including third party building occupants) must be assessed for COVID-19 symptoms and risk factors before entering. This assessment should be completed every day entrance is requested.
First Name *
Last Name *
Organization *
Email
Have you been exposed (which means being within 6 feet for 10 minutes or more without a face mask) to a confirmed diagnosed COVID-19 person?
Have you developed ANY of the following: • Fever greater than 100F • NEW flu-like symptoms like body aches • NEW alnormat Cough • NEW diorrhess of breath • NEW diarrhes • NEW diarrhes
Submit

4) Based on your answers, you will receive one of four instructions.

If you received a RED screen, DO NOT REPORT TO WORK but follow the instructions provided.

For the YELLOW AND GREEN screens, REPORT TO WORK and be prepared to show your smartphone for entry into the facility.

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COVID-19 ASSESSMENT FOR NON-BEAUMONT EMPLOYED ENTRANTS	COVID-19 ASSESSMENT FOR NON-BEAUMONT EMPLOYED ENTRANTS	COVID-19 ASSESSMENT FOR NON-BEAUMONT EMPLOYED ENTRANTS
DO NOT ENTER THE BUILDING. IF YOU ARE EMPLOYED IN THE FACILITY, CONTACT YOUR COMPANY LEADERSHIP. LAST SUBMITTED ON 4/01/2020 9:51 AM	CLEARED FOR ENTRY. THE ASSESSOR WILL PROVIDE PPE (AS APPLICABLE). LAST SUBMITTED ON 4/01/2020 9:48 AM	CLEARED FOR ENTRY. LAST SUBMITTED ON 4/01/2020 9:50 AM
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To add the Covid-19 Assessment to your Smartphone home screen:

FOR IPHONE USERS (NOTE THIS ONLY WORKS WITH THE SAFARI BROWSER, NOT CHROME):

1. Enter website address as <u>https://secure.beaumont.org/vendorclearforwork</u>

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	COVID-19 ASSESSMENT FOR NON- BEAUMONT EMPLOYED ENTRANTS Every individual seeking entrance into a Beaumont Health facility (including third party building occupants) must be assessed for COVID-19 symptoms and risk factors before entering. This assessment should be completed every day entrance is requested.	
	First Name *	
	Last Name *	
	Organization *	
	Email	
	Have you been exposed (which means being within 6 feet for 10 minutes or more without a face mask) to a confirmed diagnosed COVID-19 person? YES NO	
	Have you developed ANY of the following: Fever greater than 100F 	
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2:32 ull 🗟 🗖 COVID-19 ASSESSMENT FOR TEAM M... X в secure.beaumont.org Options > \bigcirc C AirDrop Notes Teams 0 Δ Сору Epson iPrint Add to Reading List 00 Ш Add Bookmark Add to Favorites ☆ Find on Page Q +Add to Home Screen Markup \odot Print ē Edit Actions...



4. The icon is now on the home Screen

2. Press the middle "Share" Button

3. Swipe Up to see all the Options Press the "Add to Home Screen" Button

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FOR ANDROID USERS:



- 3. Open Chrome App and navigate to <u>https://secure.beaumont.org/vendorclearforwork</u>
- 4. Select the options menu (three vertical dots on the top right corner)
- 5. Click on the Add to Home screen option to add shortcut to your phone's home screen.



- It prompts the user with the below message. Select Add to confirm the icon name
- 2. Select Add again to create the icon on the user's phone

If you do NOT have a smartphone, printed forms will be available at locations for you to fill out. Please locate an assessor for a copy of the paper form.

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COVID-19 ASSESSMENT FO	R NON-BEAUMONT EMPLOYED ENTRANTS
Every individual seeking entrance into a Beau assessed for COVID-19 symptoms and risk fac entrance is requested.	mont Health facility (including third party building occupants) must be tors before entering. This assessment should be completed every day
NOTE: ALL FIELDS ARE REQUIRED.	
Name (first and last):	
Organization:	Date and time: AM / PM
 Have you been exposed (which means face mask) to a confirmed diagnose 	ans being within 6 feet for 10 minutes or more without a ed COVID-19 person?
□ YES	
2) Have you developed ANY of the fo	ollowing:
Fever greater than 100F	NEW shortness of breath
NEW flu-like symptoms like body ach NEW abnormal sourch	• NEW diarrhea
3) Please check which two answers	you selected above:
🛛 1. YES & 2. YES	DO NOT ENTER THE BUILDING
	If you are employed in the facility, contact your company leadership.
1. NO & 2. YES	DO NOT ENTER THE BUILDING
	If you are employed in the facility, contact your company leadership
🛛 1. YES & 2. NO	CLEARED FOR ENTRY
	The assessor will provide a mask.
D 1. NO & 2. NO	CLEARED FOR ENTRY
2)	
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