

COVID-19 EMPLOYEE SCREENING TOOL

Date of Screening: _____

Employee Name: _____ CID: _____ Dept.: _____ Shift.: _____

Coronavirus-19 Checklist

Please complete the following questions selecting an answer for each line

1. Have you experienced a fever, cough, sore throat, diarrhea and/or had difficulty breathing in the past 14 days?

No ____ Yes ____

2. When you took your temperature within the past 2 hours, was your temperature 100.4F/38C or greater?

No ____ Yes ____

3. a) Have you traveled by airplane internationally or domestically within the past 14 days?

No ____ Yes ____

3. b) Have you travelled outside of your state within the past 14 days (other than to and from work)?

No ____ Yes ____

4. Have you been in close contact (within 6 feet for 15 minutes at a time) with a person who has been a confirmed or waiting on COVID-19 test results?

No ____ Yes ____

5. Have you been quarantined in the past 14 days?

No ____ Yes ____

***Note - if you answer "Yes" to any questions do not report to work and use the applicable call in number to report your absence**

Reference:

Center for Disease Control and Prevention; Interim Guidance for Business and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19). Retrieved March 25, 2020 from <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>

Center for Disease Control and Prevention, Coronavirus Disease 2019 (COVID-19) Symptoms. Retrieved on March 25, 2020 from <https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html>