# COVID-19 Employee Health-Screening Form

Employee name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **Date** | **Body temperature** | **Respiratory symptoms? (Y/N)** | **Screened by** |
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**If an employee’s body temperature is at or above 100.4 degrees Fahrenheit, the employee must be sent home immediately and the following completed:**

Date the employee was sent home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Recorded temperature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are visible signs of respiratory illness present? \_\_\_\_\_ Yes \_\_\_\_\_ No

An employee sent home with a fever can return to work when:

* He or she has had no fever for at least three days without taking medication to reduce fever during that time; AND
* Any respiratory symptoms (cough and shortness of breath) have improved; AND
* At least ten days have passed since symptoms began.

The employee may return to work earlier if a doctor confirms the cause of the employee’s fever or other symptoms is not COVID-19 and provides a written release for the employee to return to work.

Date the employee returned to work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_