

Coronavirus Disease (COVID-19) Workplace Health Screening



Company Name: _____

Employee Name: _____ Date: _____

Time In: _____

In the past 24 hours, have you experienced:

| | | |
|-----------------------------------|------------------------------|-----------------------------|
| Subjective fever (felt feverish): | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| New or worsening cough: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Shortness of breath: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sore throat: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diarrhea: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Current temperature: | | |

If you answer **“yes”** to any of the symptoms listed above, or your temperature is **100.4°F or higher**, please do not go to into work. Self-isolate at home and contact your primary care physician’s office for direction.

- You should isolate at home for a minimum of 7 days since symptoms first appear.
- You must also have 3 days without fevers and improvement in respiratory symptoms.

In the past 14 days, have you:

Had close contact with an individual diagnosed with COVID-19? Yes No

Traveled via airplane internationally or domestically? Yes No

If you answer **“yes”** to either of these questions, please do not go into work. Self-quarantine at home for 14 days.

For questions, visit hd.ingham.org/coronavirus or contact Ingham County Health Department at (517) 887-4517.