

COVID-19 Employee Health Screening Form

Employer Name

Date

On a daily basis, ask employees and volunteers if they are experiencing symptoms of any illness. Do not allow anyone to remain in, or enter the facility if they have a cough or shortness of breath/difficulty breathing, OR any two of the following:

- Fever (there should be a thermometer on hand)
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- A recent loss of taste or smell

OPTIONAL: Ask employees to fill out and retain a log similar to the one below.

EMPLOYEE NAME	CHECK SYMPTOMS DAILY, BEFORE STARTING SHIFT						
	Fever 100.4°F or above	Cough	Shortness of breath or difficulty breathing	Chills	Muscle aches	Sore throat	New loss of taste or smell
	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Y N	Y N	Y N	Y N	Y N	Y N	Y N

