

UPDATED: 12-7-2020

COVID-19 EMPLOYEE SCREENING TOOL

Date of Screening: _____

Employee Name: _____ Dept.: _____

Please complete the following questions selecting an answer for each line.

1. Do you currently have either a fever, chills, cough, sore throat, and/or shortness of breath or new loss of taste or smell?

Yes _____ No _____

If yes, you will not be able to work and will be required to follow up with your HR Representative

2. Have you been in close contact with a person who has a confirmed case of Covid-19 within the last 10 days?

*CDC guidelines define close contact as being within 6 feet or less of an infected person for at least 15 minutes of accumulated time starting from 2 days before illness onset or test date. Whether either or both parties were wearing face coverings, does not prevent this from being an exposure.

Yes _____ No _____

3. Are you currently under a doctor or health department's guidance to quarantine?

Yes _____ No _____

Call in procedures still apply for any attendance occurrence including those related to COVID-19.