COVID-19 Workplace Health Screening

Company Name: _____

Employee:_____Date: _____

Time In: _____

In the last 24 hours, have you experienced the new onset of any of the follow that are not due to another medical condition:

Subjective fever (felt feverish):	☐ Yes	☐ No
New or worsening cough:	☐ Yes	☐ No
Shortness of breath or difficulty breathing:	☐ Yes	☐ No
Chills:	☐ Yes	☐ No
Headache:	☐ Yes	☐ No
Sore throat:	☐ Yes	☐ No
Loss of smell or taste:	☐ Yes	☐ No
Runny nose or congestion:	☐ Yes	☐ No
Muscle aches:	☐ Yes	☐ No
Abdominal pain:	☐ Yes	☐ No
Fatigue:	☐ Yes	☐ No
Nausea:	☐ Yes	☐ No
Vomiting:	☐ Yes	☐ No
Diarrhea:	☐ Yes	☐ No
Current Temperature:		

DISCLAIMER: This screening tool is subject to change based on the latest information on COVID-19.

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

- You should isolate at home for minimum of 10 days since symptoms first appear or per guidance of your local health department.
    - If diagnosed as a probable COVID-19 or test positive, call your local health department and make them aware of your diagnosis or testing status.
- You must also have 24 hours without a fever and improvement in symptoms.

In the past 14 days, have you:

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

If you answer **"yes"** to either of these questions, please do not go into work. Self-quarantine at home for 14 days. Contact your primary care physician's office if you have symptoms or have had close contact with an individual for evaluation. If you are given a probable diagnosis or test positive call your local health department to ensure they are aware and have read through all the above statements and ensure everything is accurate.

Signature:_____Date: _____

For questions, visit *www.bhsj.org*. Contact the Branch-Hillsdale-St. Joseph Community Health Agency 517-279-9561.