

COVID-19 Employee Health Screening Form for Onsite Screening

Employer Name

Person Completing Form

Date

Screen each employee for symptoms before they start their shift. Circle an answer (y=yes, n=no) for each symptom for each employee. If an employee reports any of the symptoms:

1. Send employee home immediately.
2. Increase cleaning in your facility and ensure staff are least 6 feet apart from one another.
3. Exclude employee until they are fever-free (without medication) for 72 hours and 10 days have passed since their first symptom unless they have a clear alternative diagnosis from a medical provider..
4. If multiple employees have symptoms, contact your local health department.

Employer, retain these forms in a secure place for three months, and provide the forms upon request from public health agencies.

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