



Health Screening Form

The purpose of this form was developed with criteria from the Center for Disease Control (CDC) for you to self-observe your health prior to reporting to work each day.

My temperature is: _____		
<i>If your temperature is greater than 100°F or if you answer YES to the following questions, please notify your supervisor and return home for the day.</i>		
Have you been tested for coronavirus (awaiting results?) If yes, stay home until cleared by a medical professional to return to work.	YES	NO
Have you tested POSITIVE for the coronavirus? If yes, stay home until cleared by a medical professional to return to work.	YES	NO
Have you had prolonged close contact with someone who tested positive for the coronavirus? If yes, stay home for 14 days and return to work if no symptoms.	YES	NO
Has a member of your household member been tested for the coronavirus (awaiting results)? If yes, stay home until results are received and you are cleared by a medical professional to return to work.	YES	NO
Has a member of your household been asked by a medical professional to isolate for potential coronavirus? If yes, stay home pending results.	YES	NO
Has a member of your household had prolonged close contact with someone who tested positive for the coronavirus? If yes, stay home for 14 days and return to work if there no symptoms.	YES	NO
Have you traveled out of the country within the last 14 days? If yes, stay home for 14 days from your arrival to the United States and return to work if there are no symptoms.	YES	NO
Have you taken a cruise within the last 14 days? If yes, stay home for 14 days from your arrival back to the United States and return to work if there are no symptoms.	YES	NO
Are you experiencing or have you experience any of the following symptoms in the past 14 days? If you answer yes to at least one of these symptoms, stay home and call your healthcare provider:		
▪ Cough (not related to allergies)	YES	NO
▪ Shortness of breath/difficulty breathing	YES	NO
▪ Fever/chills	YES	NO
▪ Sore throat	YES	NO
▪ Congestion or runny nose	YES	NO
▪ Nausea/vomiting/diarrhea	YES	NO
▪ New loss of taste or smell	YES	NO
▪ Muscle or body aches	YES	NO

Once you begin your workday, continue to self-observe for any changes such as fever, coughing and/or difficulty breathing. If you feel feverish or develop a cough or have difficulty breathing at any time, you should:

- Self-isolate (six-feet distance between yourself and others)
- Seek advice by telephone from your healthcare provider or local health department

Employee Name: _____

Department: _____

Date: _____

Signature: _____