



COVID-19 Employee Health-Screening Form

Employee name: _____

Job title: _____

Supervisor's name: _____

Date	Body temperature	Other symptoms? (Y/N)	Screened by
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

If an employee's body temperature is at or above 100.4 degrees Fahrenheit, the employee must be sent home immediately and the following completed:

Date the employee was sent home: _____ Recorded temperature: _____

Are visible signs/symptoms of illness present? _____ Yes _____ No

An employee sent home with a fever can return to work when:

- He or she has had no fever for at least 24 hours without taking medication to reduce fever during that time; AND
- Any symptoms have improved; AND
- At least ten days have passed since symptoms began.

The employee may return to work earlier if a doctor confirms the cause of the employee's fever or other symptoms is not COVID-19 and provides a written release for the employee to return to work.

Date the employee returned to work: _____