Appendix B:
Employee Screening Form for COVID-19

Instructions: *All screeners should wear appropriate PPE. Screeners should ensure staff are spaced at least 6 feet apart while waiting to be screened.* ***Anyone reporting or exhibiting symptoms MAY be ill with COVID-19 and should not be allowed to report to work.*** *Please remind staff to be honest when answering screening questions. We all have a responsibility to each other and to those in our care to be honest and to stay home if ill.*

Facility Name:

Employee Name: Job Title:

Location of Job: Date of Screen:

Recent Fever History

Have you had any fever in the last 3 days? _____ Yes _____No

Have you used any fever relieving medications (Tylenol or Ibuprofen) in the last 3 days?
_____ Yes _____No

Was Tylenol or Ibuprofen used specifically to reduce a fever?
_____ Yes _____ No

Anyone having a fever within the last 72 hours must return home and contact their supervisor to discuss next steps. Fever is a known symptom of COVID-19.

Exposure History

Have you had close contact with any individual who tested positive for COVID-19? _____Yes _____No

Have you had close contact with any individual with fever and being tested for COVID-19?
_____ Yes _____No

Close contact *is defined as being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time (15 to 30 minutes). Close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case or having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).*

Symptom Assessment

Please check each symptom currently present or experienced in the last 3 days.

	Fever	Temperature recorded:	
	New onset dry cough		New, unexplained muscle aches
	New onset shortness of breath		New, severe fatigue
	Repeated shaking with chills		New stomach issues (vomiting, diarrhea)
	Chills		Sore Throat
	Headache		New loss of taste or smell

If the employee currently has or has had any of the above symptoms in the last 3 days, please contact the employee's supervisor. The employee may be asked to return home and contact their health care provider for treatment recommendations.

Additional Symptoms, Observations, Notes, or Reasons for Exclusion from Work

Employee Screening Result (please check as appropriate)

	Employee Cleared to work		Employee EXCLUDED from work
Name of Person Completing the Assessment:			

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