

COVID-19 Workplace Health Screening



Company Name: _____

Date: _____

Employee Name: _____

Time: _____

Have you had any of these symptoms in the past 2 weeks? (not explained by a known medical condition)

Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shortness of breath or difficulty breathing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Loss of taste or smell	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answer "yes" to ANY of the symptoms listed above, or if your temperature is 100.4°F or higher, please do not go into work. Get tested for COVID-19 and isolate at home until test results are available.

Have you had any of these symptoms in the past 2 weeks? (not explained by a known medical condition)

Abdominal pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Congestion or runny nose	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diarrhea	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fatigue	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Muscle aches	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nausea or vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answer "yes" to TWO or more of the symptoms listed above, please do not go into work. Get tested for COVID-19 and isolate at home until test results are available.

Are you currently:

Under evaluation for COVID-19 (for example, are you waiting for COVID-19 test results, or have you recently tested positive for COVID-19)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If you answer "yes" to the question above, please do not go into work. You must isolate at home while waiting for test results. You must also isolate at home after testing positive for COVID-19.

In the past two weeks, have you:

Had close contact with anyone who tested positive for COVID-19 (includes being closer than 6 feet for 15 minutes or more, or positive household members)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If you answer "yes" to the question above, please do not go into work unless you are exempt from quarantine. You must quarantine at home for at least 10 days (possibly 14 days) after close contact with a person who has COVID-19.

Quarantine exemptions:

- Close contacts who have tested positive for COVID-19 within the past 90 days **do not need to quarantine** as long as they do not have ANY symptoms since their exposure.
- Close contacts who are fully vaccinated for COVID-19 (it has been more than 14 days since their 2nd dose of Pfizer/Moderna, or more than 14 days since their only dose of Janssen/Johnson & Johnson) **do not need to quarantine** as long as they do not have ANY symptoms since their exposure.