

# COVID-19 Workplace Health Screening



Company Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Current Temperature: \_\_\_\_\_

Time: \_\_\_\_\_

In the past 24 hours, have you experienced:

Fever or chills	<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
Fatigue	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Muscle or body aches	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Loss of taste or smell	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Congestion or runny nose	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nausea, vomiting, diarrhea, or abdominal pain	<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.** COVID-19 can cause other symptoms as well. Any new or unusual symptom for you (that is not related to a known or chronic medical condition) is a concern. Seek COVID-19 testing and self-isolate at home until results are available. Contact your doctor's office.

Are you under evaluation for COVID-19 (for example, are you waiting for COVID-19 test results, or have you been recently diagnosed with COVID-19)?  Yes  No

**If you answer "yes," please do not go into work.** You must self-isolate at home while waiting for test results. You must also self-isolate at home after being diagnosed with COVID-19 until you have been released by the health department to return to work.

In the past 14 days, have you been in close contact with anyone suspected or confirmed to have COVID-19?  Yes  No

**If you answer "yes," please do not go into work.** You must self-quarantine at home for 14 days following close contact with the COVID-19 positive person.\*

\*Exemptions include health care professionals, workers at a health care facility, first responders (e.g., police officers, fire fighters, paramedics), child protective service employees, workers at child caring institutions, and workers at correctional facilities. Under [EO 2020-166](#), these individuals may be allowed to continue to work at the employer's discretion after exposure to a COVID-19 positive individual. Workers are encouraged to wear a mask at work for 14 days.

For questions, visit [washtenaw.org/COVID19](https://washtenaw.org/COVID19) or contact with Washtenaw County Health Department at [L-wchdcontact@washtenaw.org](mailto:L-wchdcontact@washtenaw.org) or 734-544-6700.