

# COVID-19 Workplace Health Screening: General Industry (not food-selling or pharmacy\*)



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

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

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

**In the past 24 hours, have you experienced:**

Fever of 100.4° F or higher, or a subjective fever (felt feverish)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cough (excluding chronic cough due to a known medical reason other than COVID-19)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shortness of breath	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diarrhea (excluding diarrhea due to a known medical reason other than COVID-19)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Current temperature:** \_\_\_\_\_

***If you answer “yes” to any of the symptoms listed above, or your temperature is 100.4°F or higher, please do not go into work. Self-isolate at home and contact your primary care physician’s office for direction. You should isolate at home for minimum of 10 days since symptoms first appear. You must also have 3 days without fevers and a vast improvement in symptoms before returning to work.***

**In the past 14 days, have you traveled internationally?  Yes  No**

***If you answer “yes,” please do not go into work. You must self-quarantine at home for 14 days following international travel.***

**In the past 14 days, have you had close contact with someone diagnosed with 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 food-selling establishment and pharmacy workers ([under EO 2020-109](#)), and 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 2020-36](#)). These individuals may be allowed to continue to work at the employer’s discretion. Workers are encouraged to wear a mask at work for 14 days.*

\*These symptoms can be accompanied by chills, shivering, muscle aches, headaches, or new smell or taste disorders. Or, in some cases, these additional symptoms can be the only symptoms that are present. If a touchless/contactless thermometer is available, a temperature check is strongly recommended at the worksite. Employees can also take their temperature at home and report it to their employer. A fever is considered a temperature of 100.4°F or above. Remember that not all individuals infected with COVID-19 develop a fever, so it is important to still screen for other symptoms. Any symptom that is unusual for the person is reason for concern.

Specific requirements for food-selling establishments and pharmacies are included in [Executive Order 2020-109](#).

“Food-selling establishment” means grocery stores, convenience stores, restaurants that sell groceries or food available for takeout, and any other business that sells food. Please [use this different screening tool for food and pharmacies](#).

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.