

Voluntary Employee Health Screening Form

Please complete this form immediately before you start your shift and immediately after you complete each shift.

You are not required to provide this completed form to your supervisor or employer.

- If you answer “Yes” to a combination of two or more of any of the following, please notify your supervisor and leave work immediately: Fever, cough, shortness of breath, chills, runny nose, head/ body aches, sore throat, nausea/vomiting, sudden loss of taste or smell, diarrhea.

- **Temperature: 100.4 is an automatic “Leave Work.”**

If temperature is 99.2 or higher, but less than 100: begin monitoring your temperature twice a day for a minimum of 7 days to determine if your temperature is going up or down. You should notify your supervisor.

Put an X in the box for each symptom you are experiencing. If you are experiencing two or more of these symptoms, contact your healthcare provider about COVID-19 testing.

BEFORE STARTING SHIFT												
DATE	Fever	Cough	Shortness of breath	Chills	Runny Nose	Head/ body aches	Sore throat	Nausea, vomiting	Sudden loss of taste or smell	Diarrhea	OTHER SYMPTOMS	



Appendix A