

Employee Health Screening Form

COVID-19

Employee name: _____

Job title: _____

Supervisor's name: _____

Screened by: _____

Have you been in close contact with a confirmed case of COVID-19? YES NO

Are you experiencing a cough, shortness of breath or sore throat? YES NO

Have you had a fever in the last 48 hours? YES NO

Have you had a new loss of taste or smell? YES NO

Employee temperature _____

If an employee answers "yes" to any of the above questions, the employee must be sent home and appropriate protocols per company COVID-19 health policies implemented.

If an employee's body temperature is at or above 100.4 degrees Fahrenheit, the employee must be sent home immediately and the following completed:

Date the employee was sent home: _____ Recorded temperature: _____

Are visible signs of respiratory illness present? Yes No

An employee sent home with a fever can return to work when:

- He or she has had no fever for at least three days without taking medication to reduce fever during that time; AND
- Any respiratory symptoms (cough and shortness of breath) have improved for at least three days; AND
- At least seven days have passed since symptoms began.

The employee may return to work earlier if a doctor confirms the cause of the employee's fever and/or other symptoms are not COVID-19-related and provides a written release for the employee to return to work.

Date the employee returned to work: _____



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