

Employee Health Screening Form

Business:

Person completing form:

Date:

Screen each employee for symptoms, fever, and exposures* before they start their shift and after they complete each shift. Circle an answer (y=yes, n=no) for each field for each employee. If an employee reports any of the below symptoms:

1. Send employee home immediately
 2. Increase cleaning in your facility and promote social distancing (staff at least 6 feet apart from one another)
 3. Exclude employee until they are fever-free (without medication) for 24 hours and 10 days have passed since their first symptoms
 4. If multiple employees have these symptoms, contact your local health department

*Exposure is defined as having close contact (<6 feet) for a prolonged period of time (>15 minutes) without adequate PPE to a person with COVID-19.

Employer, please retain these forms in a secure place for three months, and please provide the forms upon request to your local public health agency.

