

Coronavirus Disease (COVID-19) Workplace Health Screening



Employee Name: _____

Date: _____ Time in: _____

In the past 24 hours, have you experienced any of the following principal symptoms**:

- Fever: Yes No
- Uncontrolled cough: Yes No
- Shortness of breath: Yes No

Or at least 2 of the following symptoms**:

- Loss of taste or smell: Yes No
- Muscle aches: Yes No
- Sore throat: Yes No
- Severe headache: Yes No
- Diarrhea: Yes No
- Vomiting: Yes No
- Abdominal pain: Yes No

**If you have access to a thermometer, please take your temperature before each shift and report it here:

If you answer "yes" to any of the principal symptoms listed above or two of the secondary symptoms (**that are **not explained by a known medical or physical condition unrelated to COVID-19****), or your temperature is 100.4 F or higher, please **DO NOT** come into work until you are cleared by a medical professional. Self-isolate at home and contact your primary care physician's office or the Munson Nurse Hotline at 231.935.0951 for direction. Please communicate your absence with your manager and call Blythe or Wendy at 231.346.2888 for further instructions.

1. Have you had close contact* in the last 14 days with an individual diagnosed with or displaying the principal symptoms of COVID-19? Yes No
2. Have you been directed or told by the local health department or your healthcare provider to self-isolate or self-quarantine? Yes No

*Close contact is defined as contact within 6 feet for a total of at least 15 minutes over a 24 hour period.

If you answer "yes" to questions 1 or 2, please **DO NOT** come into work. You may be required to self-quarantine at home for up to 14 days. Due to the variety of times that staff are starting their shifts and performing this self-screening, if you are not able to work as a result of this screening, please communicate your absence with your Manager and call Blythe or Wendy at 231.346.2888 for further instructions.

Please fold this form and place it in the box near the timeclock.

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