

COVID-19 Workplace Health Screening



Health
Department

Company Name: _____

Employee: _____ Date: _____

Time In: _____

In the last 24 hours, have you experienced:

Subjective fever (felt feverish):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chills:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Headache:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New or worsening cough:	<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
Loss of smell or taste:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Runny nose or congestion:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Muscle aches:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Abdominal pain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fatigue:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nausea:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vomiting:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diarrhea:	<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 7 days since symptoms first appear or per guidance of your local health department.
 - If diagnosed as a probable COVID-19 or test positive they should call their local health department and make them aware of their diagnosis or testing status.
- You must also have 3 days without fevers and improvement in respiratory symptoms.

In the past 14 days, have you:

Had close contact with an individual diagnosed with COVID-19? Yes No

Traveled via airplane internationally or domestically? Yes No

If you answer **“yes”** to either of these questions, please do not go into work. Self-quarantine at home for 14 days. Contact your medical provider if you have symptoms or have had close contact with an individual for evaluation. If you are given a probable diagnosis or test positive call your local health department to ensure they are aware.

For questions, visit macombgov.org/covid19, or contact the Macomb County Health Department at (586) 463-3750.

May 7, 2020