**COVID – 19 Virus Employee/Visitor/Vendor Screening Form**

Today’s Date:

Employee Name:

Employee Address:

Project Name:

Contractor:

***Employers should ask the following questions to all employees, visitors and vendors prior to allowing access to the workplace and/or jobsite. THE QUESTIONS SHOULD BE ASKED IN PRIVATE & ANSWERS KEPT CONFIDENTIAL.***

1. Have you traveled to a county or area that has a travel warning of level 2 or 3 as listed by the CDC in the past 14 days? [CDC Travel Warnings](https://wwwnc.cdc.gov/travel/notices)

Yes No

If so, where have you traveled?

What was your date of return?

1. Have you, or anyone in your family, come into close contact (within 6 feet) with someone who has a suspected or confirmed COVID – 19 diagnosis in the past 14 days either at home or on a jobsite, etc.?

Yes No

1. Have you had a fever (greater than 100.4 F or 38.0 C) OR symptoms of lower respiratory illness such as cough, shortness of breath, or difficulty breathing in the past 14 days?

Yes No

1. Are you currently experiencing a fever (greater than 100.4 F or 38.0 C) OR symptoms of lower respiratory illness such as cough, shortness of breath, or difficulty breathing?

Yes No

***\*NOTE: If an employee, visitor or vendor answers ‘Yes’ to any of the above questions, ask them to leave the workplace or jobsite immediately and seek medical evaluation.***

**Sign In:**

Employee’s Signature: Date:

**Sign Out:**

Has your health status changes during your work shift? Yes No

Employee’s Signature: Date:

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