

COVID-19 Employee Health Screening Form for Onsite Screening

Employer Name

Person Completing Form

Date

Screen each employee for symptoms before they start their shift. Circle an answer (y=yes, n=no) for each symptom for each employee. If an employee reports any of the symptoms:

1. Send employee home immediately.
2. Increase cleaning in your facility ensure staff are least 6 feet apart from one another.
3. Exclude employee until they are fever-free (without medication) for 72 hours and 10 days have passed since their first symptom.
4. If multiple employees have symptoms, contact your local health department.

Employer, retain these form in a secure place for three months, and provide the forms upon request from public health agencies.

EMPLOYEE NAME	DAILY, BEFORE STARTING SHIFT					DESCRIBE OTHER SYMPTOMS
	Fever	Temperature, if taken	Cough	Shortness of breath	Other symptoms	
	Y N		Y N	Y N	Y N	
	Y N		Y N	Y N	Y N	
	Y N		Y N	Y N	Y N	
	Y N		Y N	Y N	Y N	
	Y N		Y N	Y N	Y N	
	Y N		Y N	Y N	Y N	
	Y N		Y N	Y N	Y N	
	Y N		Y N	Y N	Y N	
	Y N		Y N	Y N	Y N	