

Coronavirus Disease (COVID-19) Workplace Health Screening



Facility Name: _____

Employee Name: _____

Date: _____

Management Signature: _____

In the past 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 |
| New or worsening cough: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Muscle Pain: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Shortness of breath: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Congestion or Runny Nose: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sore throat: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Nausea or Vomiting: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Diarrhea: | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Loss of Smell or Taste: | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Severe Fatigue: | <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.

- If you have COVID-19, you must isolate at home for minimum of 10 days since symptoms first appear.
- You must also have 1 day without fever and improvement in all symptoms

In the past 14 days, have you:

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

Travelled internationally or outside of Michigan in the last 14 days, excluding commuting from a home location outside of Michigan? Yes No

If you answer **“yes”** to either of these questions, please do not go into work. If you have had close contact with a confirmed case, self-quarantine at home for 14 days. Contact your employer for direction regarding travel.

Are you/do you:

- Immunocompromised Yes No
- Need to care for someone with a confirmed diagnosis of COVID-19 Yes No
- Have a family care responsibility as a result of a government directive, e.g. child care due to schools or day-care being closed Yes No

For questions, visit <https://ioniacounty.org/health/health-department/> or contact Ionia County Health Department at 616-527-5341.