

COVID-19 Employee Health Symptom Screening Tool

Facility Name

Person Completing Form

Date

Screen each person entering your facility for symptoms. Circle an answer (y=yes, n=no) for each symptom reported:

1. Any person who screens yes to one or more of the symptoms below should not enter your facility.
2. Exclude staff until they are fever-free (without medication) for 24 hours and 10 days have passed since their first symptom unless they have a clear alternative diagnosis from a medical provider.
3. If more than one employee develops symptoms within 14 days, contact your local health department within 24 hours for guidance.

Health care facilities, retain these forms in a secure place for three months, and provide the forms upon request to public health agencies.

EMPLOYEE NAME	CHECK SYMPTOMS DAILY, BEFORE STARTING SHIFT										
	Fever 100.0°F or above	Fatigue	Headache	Congestion/ runny nose	Nausea/ vomiting/ Or diarrhea	Cough	Shortness of breath or difficulty breathing	Chills	Muscle aches	Sore throat	New loss of taste or smell
	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	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	Y N	Y N	Y N	Y N	Y N