# Employee Health Screening Form

Business: Person completing form: Date:

Screen each employee for these symptoms before they start their shift and after they complete each shift. Circle an answer (y=yes, n=no) for each symptom for each employee. If an employee reports <u>any</u> of the symptoms:

1. Send employee home immediately
2. Increase cleaning in your facility and promote social distancing (staff at least 6 feet apart from one another)
3. Exclude employee until they are fever-free (without medication) for 72 hours <u>and</u> 7 days have passed since their first symptom
4. If multiple employees have these symptoms, contact your local health department

| **Employee Name** | **Before starting shift** | | | | **After completing shift** | | | | **Notes** Describe other symptoms |
|---|---|---|---|---|---|---|---|---|---|
| | **Fever** | **Cough** | **Shortness of breath** | **Other symptoms** | **Fever** | **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 | 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 | |