

PRE-SHIFT EMPLOYEE COVID-19 SCREENING QUESTIONNAIRE

Ask employees to take their own temperature either before coming to the workplace or upon arrival at the workplace. Upon their arrival, stand at least 6 feet away from the employee and:

- 1) Ask employees the questions below; and
- 2) Make a visual inspection of the employee for signs of illness, which could include flushed cheeks or fatigue.

In the past 24 hours, have you experienced:

Fever:

- Yes
- No

Fatigue:

- Yes
- No

Cough:

- Yes
- No

Sneezing:

- Yes
- No

Muscle Aches and Pains:

- Yes
- No

Sore throat:

- Yes
- No

Diarrhea:

- Yes
- No

Headaches:

- Yes
- No

Shortness of Breath or Difficulty Breathing:

- Yes
- No

New Loss of Smell and/or Taste:

- Yes
- No

Chills

- Yes
- No

Have you recently been in close contact with anyone who has exhibited any symptoms of COVID-19?

- Yes
- No

Have you recently been in contact with anyone who has tested positive for COVID-19?

- Yes
- No

Please provide the readings of two self-administered temperature screenings taken within last 12 hours:

Screening#1: Time: _____ Temperature: _____
Screening #2: Time: _____ Temperature: _____

I attest that the foregoing information is true and correct.

Name _____

Signature _____

Date _____