

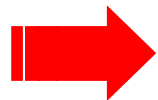
Employee name: _____

Job title: _____

- (1) Have you had any of the following new symptoms in the last seven days: fever or chills, cough (either new, or different than your usual cough), sore throat, shortness of breath, loss of taste or smell, or any other flu-like symptoms?
- (2) In the past week, have you been in close (less than 6 feet), prolonged contact (more than 2-3 minutes) with someone with suspected or confirmed COVID-19 without using infection protection and control precautions?

Date	Temperature	Respiratory Symptoms? (Y/N)	Screened by

If an employee has answered YES to any of the screening questions or has a temperature at or above 100.4 degrees Fahrenheit, the employee must be sent home immediately and the following completed:



Date the employee was sent home: _____

Recorded temperature: _____

Are visible signs of respiratory illness present? _____ Yes _____ No

An employee sent home with a fever can return to work when:

- He or she has had no fever for at least three days without taking medication to reduce fever during that time; AND
- Any respiratory symptoms (cough and shortness of breath) have improved; AND
- At least ten days have passed since symptoms began.

The employee may return to work earlier if a doctor confirms the cause of the employee's fever or other symptoms is not COVID-19 and provides a written release for the employee to return to work.

Date the employee returned to work: _____