Coronavirus Disease (COVID-19)
Workplace Health Screening

Company Name: _____

Employee Name: _____ Date: _____

Time In: _____

In the past 24 hours, have you experienced:

New or worsening cough:	☐ Yes	☐ No
Shortness of breath or difficulty breathing:	☐ Yes	☐ No
Fever (100.4°F or higher) or felt feverish: Temperature if taken: _____	☐ Yes	☐ No
OR TWO (2) or more of the following		
Chills:	☐ Yes	☐ No
Muscle aches:	☐ Yes	☐ No
Headaches:	☐ Yes	☐ No
Sore throat:	☐ Yes	☐ No
Diarrhea:	☐ Yes	☐ No
Vomiting:	☐ Yes	☐ No
Loss of taste or smell:	☐ Yes	☐ No

If you answered **"yes"** to one (1) or more of the first three symptoms above, or **"yes"** to two (2) or more of the last seven symptoms above in light gray, please do not go to into work. Self-isolate at home and contact your primary care physician's office or nearest urgent care facility for direction.

- You should isolate at home for a minimum of 10 days since symptoms first appeared.
- You must also have 3 days without fevers and improvement in respiratory symptoms.

In the past 14 days, have you:

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

If you answer **"yes"**, please do not go into work *(unless exempt or otherwise approved for work with appropriate safety precautions)*. Self-quarantine at home for 14 day since return or exposure.

For questions, visit hd.ingham.org/coronavirus or contact Ingham County Health Department at (517) 887-4517.