



Employee Health Screening Form

Date _____

Each employee should self-screen for symptoms before they start their shift.

- If you have a fever over 100.4 and any other symptom, immediately notify your supervisor and do not stay at work.
- If you have 2 or more symptoms, immediately notify your supervisor and Carri Ekberg RN (480-747-1451). You may be asked to leave work and get tested.
- Employees cannot return to work until they are fever-free (without medication) for 24 hours **and** it has been 10 days since their first symptom **and** other symptoms are improving.

EMPLOYEE INITIALS							
SYMPTOMS	Place a check mark if you have any of the following symptoms. If you have none, check the box that states "I do not have any symptoms". You do not need to write "NO" on each line						
Fever or chills							
Cough							
Shortness of breath							
Congestion or Runny Nose							
Muscle or Body Aches							
Sore Throat							
Nausea, Vomiting or Diarrhea							
Headache							
Fatigue							
Loss of taste or smell							
Actual temperature							
I DO NOT have any of the above symptoms							

End of day: Email to carri.ekberg@simplicitylaser.com

Manager: Review and call Carri right away for any symptomatic employees or questions.

Safety Officer: Verify this is completed and emailed for each day of operation.