**Employee Health Check Form Instructions**

If the the employee answered “Yes” to any questions on the form, you must restrict their entry to the building.

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| --- | --- |
| **Date** | date\_tag |
| **Name** | Garrett Tetil |
| **Work Email** | [gtetil@tifs.com](mailto:gtetil@tifs.com) |
| **Phone Number** | 989-672-8297 |
| **Signature** | Garrett Tetil |

1. Have you been in close contact with someone who has a confirmed case of COVID-19 in the past 15 days? Y / N
2. Are you experiencing any COVID-19 symptoms including fever, cough, shortness of breath, new loss of smell or taste? Y / N
3. Have you been in close contact with someone experiencing any COVID-19 symptoms including fever, cough, shortness of breath, new loss of smell or taste? Y / N