

COVID-19 Employee Health-Screening Form

Employee na	me:		
Job title:			
Supervisor's r	name:		
- Date			6,,,,,,11
Date	Body temperature	Respiratory symptoms? (Y/N)	Screened by
sent home in	nmediately and the follow	ving completed:	Fahrenheit, the employee must be temperature:
		resent? Yes	_ NO
	sent home with a fever ca		
durin	g that time; AND	·	taking medication to reduce fever
 Any r days; 		igh and shortness of breath) have improved for at least three
• At lea	ast seven days have passe	d since symptoms began.	
	•		cause of the employee's fever or other employee to return to work.
Date the emp	oloyee returned to work: _		