



EMPLOYEE HEALTH SCREENING

Note: To reduce the potential for a COVID-19 exposure, the State of Michigan has implemented health screenings for all state employees, family, visitors, volunteers, contractors, government officials or other persons before attempting to enter a state workplace. The use of face covering or the submittal to a temperature reading may also be required.

EMPLOYEES COMPLETES THIS SECTION

EMPLOYEE NAME		DATE
EMPLOYEE ID #	DEPARTMENT/AGENCY	SUPERVISOR NAME

1) How do you physically feel right now? Well Not Well

2) Do you have any symptoms? **Check all that apply.**

- | | | |
|----------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Fever or chills | <input type="checkbox"/> Muscle or body aches | <input type="checkbox"/> Congestion or runny nose |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Headache | <input type="checkbox"/> Nausea or vomiting |
| <input type="checkbox"/> Shortness of breath or difficulty breathing | <input type="checkbox"/> New loss of taste or smell | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Sore throat | |

Please DO NOT let the employee into the workplace if they said "YES" to any of the boxes above. Checking one or more of the boxes is not considered a COVID-19 confirmation. They should be instructed to call, email or text their immediate supervisor, self-isolate at home, and to follow-up with their primary care physician for additional guidance.

3) If you have symptoms, have you contacted a doctor about your symptoms? YES NO

4) In the past 14 days, have you tested positive for COVID-19? YES NO

5) Is anyone in your household feeling sick? YES NO

6) In the past 14 days, have you had close contact with someone who tested positive for COVID-19? Close contact includes household members, or within 6' for at least 15 minutes. YES NO

Please DO NOT let the employee into the workplace if they answered "YES" to any of the questions above. They should be instructed to call, email or text their supervisor to say they may have been exposed, self-isolate at home and to follow-up with their primary care physician for additional guidance.

FOR HEALTH SCREENER USE ONLY (If applicable)

Entry Allowed <input type="checkbox"/> Yes <input type="checkbox"/> No	Temperature Reading:
Face Covering Required <input type="checkbox"/> Yes <input type="checkbox"/> No	SCREENER'S NAME or ID#

Encourage the employee to protect themselves using the CDC recommendations. Social visits along with shaking hands, touching or hugging individuals at the workplace are discouraged!