SELF-IMPLEMENTED HEALTH SCREENING

This form has self-implemented questions to be used by MDCR employees each day prior to entering the workplace.

Each employee shall submit the completed form to their supervisor not more than 4 hours prior, or more than 15 minutes after, to entering a workplace.

EMPLOYEE: DATE: TIME:

Health Screening Questions

	YES	NO
1) In the past 14 days, have you or a family member been diagnosed with COVID-19?	☐	☐

If the employee answers "**YES**", stay home and talk to your supervisor.

2) Do you have any newly developed or worsening symptoms? **Check all that apply**.

One of these symptoms	OR	Two of these symptoms
☐ Shortness of breath ☐ Cough ☐ Difficulty breathing ☐ Loss of smell ☐ Loss of taste		☐ Feverish ☐ Chills ☐ Muscle aches ☐ Headache ☐ Sore throat ☐ Nausea or vomiting ☐ Diarrhea ☐ Fatigue ☐ Congestion or runny nose
If an employee selects any **one** of these symptoms, stay home and talk to your supervisor.	**OR**	If an employee selects any **two** of these symptoms, stay home and talk to your supervisor.

Measurement of Temperature

	YES	NO
3) Is your body temperature above 100.4 ^{o}F?	☐	☐

If the employee answers "**YES**", stay home and talk to your supervisor.

Office location: Lansing

Anticipated time of visit: From _____ To_____

Reason for visit (e.g. process mail, grab files, scan documents, etc.):

Areas of office (e.g. mail room, personal cubicle, intake, etc)

Revised: 11/05/2020