



# Workplace Health Screening Coronavirus (COVID-19)

<b>Employee Name:</b> Click or tap here to enter text.	<b>Date (mm/dd/yyyy):</b> Click or tap here to enter text.
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To ensure that the MEDC facility is a safe environment for all, this health assessment is required for completion for employees attending onsite work. This assessment, once complete, must be forwarded to the MEDCHR inbox ([medchr@michigan.org](mailto:medchr@michigan.org)). Human Resources will collect and maintain information relevant to the assessment in a confidential file.

Have you had any signs or symptoms of a fever in the past 24 hours such as chills, sweats, felt "feverish" or had a temperature that is elevated for you/99.5°F or greater?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you experiencing <u>any</u> symptoms consistent with COVID-19 (e.g. fever, , excessive dry cough, shortness of breath/difficulty breathing, accompanied by chills/repeated shaking with chills, muscle pain, headache, sore throat, loss of taste or smell, etc.)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been in contact within the last 14 days with someone with a confirmed diagnosis of COVID-19 or have you traveled internationally?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answer **“yes”** to any of the symptoms listed above, or your temperature is **99.5°F or higher**, please do not go to into work. Please do not return to the facility on a rotational schedule until at least 72 hours pass since symptoms resolved without fever-reducing medication. Any employee who must return home should notify their manager of the situation for planning purposes. While we recognize that a fever may not always be associated with COVID-19, the MEDC will be taking this precautionary step to ensure the safety of all employees.

If you answer **“no”** to all of the symptoms listed above and should your condition change *after* submitting this form, please follow the protocols outlined above.

**RETURN FORM TO “MEDCHR” INBOX WHEN COMPLETED.**

*This screening assessment is intended to be used for informational purposes ONLY to help you check for COVID-19 symptoms as outlined by the Centers for Disease Control. The guidance you receive from the MEDC depends on the accuracy of the information you provide, as well as current guidelines for identifying symptoms associated with COVID-19.*

*This is not a substitute for professional medical advice, diagnosis, or treatment of disease or other conditions, including COVID-19. Always consult a medical professional for serious symptoms or emergencies.*