

Name:

HRMN ID:

Date:

Work Location:

SELF-IMPLEMENTED HEALTH SCREENING TEMPLATE

Note: This template has self-implemented questions to be used by employees each day prior to entering the workplace. Each employee shall work with their supervisor to establish a log to track those days they are in the workplace (aka building or going into the field).

Note: If you don't see the fillable fields, choose Open > Open in Browser in the top left of window.

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		
<input type="checkbox"/> Shortness of breath <input type="checkbox"/> Cough <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Loss of smell <input type="checkbox"/> Loss of taste	OR	<input type="checkbox"/> Feverish <input type="checkbox"/> Chills <input type="checkbox"/> Muscle aches <input type="checkbox"/> Headache <input type="checkbox"/> Sore throat	<input type="checkbox"/> Nausea or vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Fatigue <input type="checkbox"/> 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 °F?				
If the employee answers "YES", stay home and talk to your supervisor.				

Revised:
11/18/2020