

COVID-19 Employee Health-Screening Form

Employee name:			
Job title:			
Supervisor's name: _			
Date	Body temperature	Respiratory symptoms? (Y/N)	Screened by
	dy temperature is at or a immediately and the follo	bove 100.4 degrees Fahren owing completed:	heit, the employee
Date the employee w	vas sent home:	Recorded temperature	e:
Are visible signs of re	espiratory illness present?	? Yes No	
An employee sent ho	ome with a fever can retur	n to work when:	
fever during that Any respiratory	at time; AND	nree days without taking me nortness of breath) have imp ptoms began.	
		loctor confirms the cause of les a written release for the	
Date the employee re	eturned to work:		