Employee Symptom Screening Form for Workplaces (Non-Healthcare)

Date: ____/____/_____

Screen each employee for symptoms before they start their shift, as needed if the employee reports symptoms, and as a best practice, after they complete each shift.

- Temperature: 100.4 or higher: the employee should be sent home and/or referred to their healthcare provider.
- Temperature of 99.2 or higher, but less than 100: have the person begin monitoring their temperature twice a day for a minimum of 14 days to determine if the temperature is going up or down. The person should notify their supervisor.
- Circle an answer (y=yes, n=no) for each symptom for each employee. If an employee reports any of the symptoms:
  1. Send employee home immediately.
  2. Increase cleaning in your facility; ensure staff are least 6 feet apart from one another. Refer to https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html
  3. Exclude employee until 10 days have passed since their first symptom; *additionally*, they must be fever-free (without medication) and have symptoms resolving for at least 72 hours. https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html
  4. If multiple employees have symptoms, contact your local health department.

***Other symptoms:** consider also runny nose, diarrhea, nausea, vomiting, abdominal pain. For reported headaches: consider if new or unusual onset, not related to caffeine, dietary reasons (hunger), or history of migraines, cluster, or tension headaches, or headaches typical for the individual.

Employee Name	Temperature and Time of Screening		Felt feverish	Cough	New Shortness of Breath	Sore throat	Head or Muscle aches	New Loss of Taste or Smell	Chills	Other Symptoms* (please list if present)	Sent home or referred to Healthcare provider	Screener Initials
	AM	PM										
Example: Doe, John	97.8 8AM		Y (N)	Y (N)	Y (N)	Y (N)	Y (N)	Y (N)	Y (N)	None	Y (N)	RSM
			Y N	Y N	Y N	Y N	Y N	Y N	Y N		Y N	
			Y N	Y N	Y N	Y N	Y N	Y N	Y N		Y N	
			Y N	Y N	Y N	Y N	Y N	Y N	Y N		Y N	
			Y N	Y N	Y N	Y N	Y N	Y N	Y N		Y N	
			Y N	Y N	Y N	Y N	Y N	Y N	Y N		Y N	
			Y N	Y N	Y N	Y N	Y N	Y N	Y N		Y N	
			Y N	Y N	Y N	Y N	Y N	Y N	Y N		Y N	
			Y N	Y N	Y N	Y N	Y N	Y N	Y N		Y N	
			Y N	Y N	Y N	Y N	Y N	Y N	Y N		Y N	