

Coronavirus Disease (COVID-19) Workplace Health Screening



Company Name: _____

Employee Name: _____ Date: _____

Time In: _____

IN THE PAST 24 HOURS, HAVE YOU EXPERIENCED:

Subjective fever (felt feverish):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New or worsening cough:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shortness of breath:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore throat:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diarrhea:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current temperature (if known).		

If you answer **“yes”** to any of the symptoms listed above, or your temperature is **100.4°F or higher**, please do not go to into work. Self-isolate at home and contact your primary care physician’s office for direction.

- You should isolate at home for a minimum of 7 days since symptoms first appear.
- You must also have 3 days without fevers and improvement in respiratory symptoms.

IN THE PAST 14 DAYS, HAVE YOU:

Had close contact with an individual diagnosed with COVID-19? Yes No

Traveled via airplane internationally or domestically? Yes No

If you answer **“yes”** to either of these questions, please do not go into work. Self-quarantine at home for 14 days.

For questions, visit www.mmdhd.org or contact Mid-Michigan District Health Department at Clinton County: 989-224-2195, in Gratiot County: 989-875-3681 and in Montcalm County: 989-831-5237.