

Coronavirus Disease (COVID-19) Workplace Health Screening



Company Name: _____

Employee Name: _____ Date: _____

Time In: _____

IN THE PAST 14 DAYS, HAVE YOU HAD ANY OF THE FOLLOWING SYMPTOMS DEVELOP OR WORSEN WITH NO OTHER KNOWN CAUSE:

Fever or felt feverish:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cough:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shortness of breath/difficulty breathing:	<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
Chills:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Muscle pain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New loss of taste or smell:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current temperature (if known).		

If you answer “**yes**” to any of the symptoms listed at left, or your temperature is **100.4°F or higher** (100° if working as a health care provider), do not go into work. Self-isolate (stay) at home and contact your health care provider for direction.

- You should self-isolate (stay) at home as directed by your health care provider or health department. This is typically for 10 days after your symptoms started and after you have gone 3 days without for a fever and 3 days with improving respiratory symptoms.

IN THE PAST 14 DAYS, HAVE YOU:

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

Traveled internationally or taken a cruise? Yes No

If you answer “**yes**” to either of these questions, do not go into work. Self-quarantine at home for 14 days or as directed by the health department.

**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.**