COVID-19 Employee Health-Screening Form

Employee	e name:			
Job title:				
Superviso	or's name:			
Date	Body temperature	Respiratory symptoms? (Y/N)		Screened by
sent hom	e immediately and	the following com	pleted:	neit, the employee must be
Date the employee was sent home: Recorded temperature: Are visible signs of respiratory illness present? Yes No				
		n a fever can return		
Hdd	e or she has had no uring that time; AN ny respiratory sym ays; AND	o fever for at least th D	hree days without taking r	medication to reduce fever
			ctor confirms the cause of en release for the employe	f the employee's fever or other ee to return to work.
Date the	employee returned	to work:		

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