**Coronavirus (COVID-19) Employee Screening Tool**

***Employer Version***

**Instructions:** Use this form to screen all entering employees. The Fond du Lac County Health Department recommends that employees be screened daily.

**Statement to Employee**

Coronavirus disease 2019 (COVID-19) is a respiratory disease that can result in hospitalization or death, even for young people with no underlying medical conditions. You can help prevent the spread of COVID-19 by staying at least 6 feet away from others, avoiding touching your face, coughing and sneezing into a tissue or an elbow rather than your hands, and washing your hands with soap and warm water for at least 20 seconds. Hand sanitizer can be used if soap and water are not available.

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| --- | --- |
| **EMPLOYEE NAME:** (First, Last) | **DATE:** (dd/mm/yy) |
|  |  |
| **SYMPTOMS:** | |
| In the past 24 hours, have you experienced:  If employee has experienced any of the symptoms listed, they should not go to work.  Guidance for Employer:   * Send employee home to quarantine for no less than 7 days. They may return to work if symptom free for 72 hours. * Employee should call their health care provider for guidance | □ Fever (100.4○F or higher)  □ Shortness of breath  □ Cough  □ Chills  □ Repeated shaking with chills  □ Muscle pain  □ Headache  □ Sore throat  □ New loss of taste or smell |
| **POTENTIAL CONTACT:**  If employee answers “yes” to either of these questions, they should go home and self-quarantine for 14 days. | |
| Have you had close contact with a confirmed COVID-19 patient while that person was ill? | □ Yes  □ No |
| In the last 14 days, have you traveled via airplane internationally or domestically? | □ Yes  □ No |

**Coronavirus (COVID-19) Employee Screening Tool**

***Employee Version***

**Instructions:** Use this form to screen all entering employees. The Fond du Lac County Health Department recommends that employees in congregate spaces be screened daily.

**Statement to Employee**

Coronavirus disease 2019 (COVID-19) is a respiratory disease that can result in hospitalization or death, even for young people with no underlying medical conditions. You can help prevent the spread of COVID-19 by staying at least 6 feet away from others, avoiding touching your face, coughing and sneezing into a tissue or an elbow rather than your hands, and washing your hands with soap and warm water for at least 20 seconds. Hand sanitizer can be used if soap and water are not available.

|  |  |
| --- | --- |
| **EMPLOYEE NAME:** (First, Last) | **DATE:** (dd/mm/yy) |
|  |  |
| **SYMPTOMS:** | |
| In the past 24 hours, have you experienced: | □ Fever (100.4○F or higher)  □ Shortness of breath  □ Cough  □ Chills  □ Repeated shaking with chills  □ Muscle pain  □ Headache  □ Sore throat  □ New loss of taste or smell |
| **POTENTIAL CONTACT:** | |
| Have you had close contact with a confirmed COVID-19 patient while that person was ill? | □ Yes  □ No |
| In the last 14 days, have you traveled via airplane internationally or domestically? | □ Yes  □ No |