

COVID-19 Screening Checklist for Employers

Name: _____ Date: _____ Time: _____

Purpose: Based on the Febrile Respiratory Illness Health Order that took effect on 03/26/2020, all employers, on a daily basis, are to screen all employees for signs of respiratory illness accompanied by fever.

Instructions: ALL employees and government officials entering the building must be asked the following below. Please maintain this record for 14 days from completion of this form and have this form available upon request from the Public Health Department.

1. Have you washed your hands or used alcohol-based hand sanitizer on entry?

YES NO – Ask them to do so.

2. Do you have any of the following respiratory symptoms?

Fever Sore throat New or worsening cough New or worsening shortness of breath

- If YES to any, restrict them from entering the building and send person home.*
- If NO to all, proceed to steps #3A-3C for employees, and step #4 for others.

3. Employee's temperature: _____°F. If you do not have a thermometer to take their temperature, go to step #3B.

3A. Does the employee have a fever (temperature 100.4°F or greater) YES NO

- If YES to any, restrict them from entering the building and send person home.*
- If NO, proceed to question #3C.

3B. Ask the employee the following:

1. Are you feeling feverish? YES NO

2. Are you having chills? YES NO

- If YES to any, restrict them from entering the building and send person home.*
- If NO, proceed to question 3C.

3C. Ask the employee the following:

1. Have you worked in facilities with confirmed COVID-19 cases? YES NO

- If YES, ask question #2 below.
- If NO, proceed to step #4.

2. Have you worked with persons with confirmed COVID-19 by lab test? YES NO

- If YES to any, restrict them from entering the building and send person home.*
- If NO, proceed to step #4.

4. Allow entry to building and remind individual to:

- Wash their hands or use alcohol-based hand sanitizer throughout their time in the building.
- Not to shake hands with, touch, or hug others during their visit.

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*** The person being sent home, must inform their supervisor that they were sent home and is responsible for following-up with their primary care physician if needed.**

Person Performing Screening: _____