

COVID-19 Workplace Health Screening



Company Name: _____

Employee Name: _____

Date: _____

Current Temperature: _____

Time: _____

In the past 24 hours, have you experienced:

Fever or chills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shortness of breath or difficulty breathing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fatigue	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Muscle or body aches	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Loss of taste or smell	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Congestion or runny nose	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nausea, vomiting, diarrhea, or abdominal pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answer "yes" to any of the symptoms listed above, or if your temperature is 100.4°F or higher, please do not go into work and contact Barb Santo at santob@dexterschools.org or call 734-424-4110.

Are you under evaluation for COVID-19 (for example, are you waiting for COVID-19 test results, or have you been recently diagnosed with COVID-19)? Yes No

If you answer "yes," please do not go into work. You must contact the Health Department for guidance on self-isolation and contact Barb Santo at santob@dexterschools.org or call 734-424-4110.

In the past 14 days, have you been in close contact with anyone suspected or confirmed to have COVID-19? Yes No

If you answer "yes," please do not go into work. You must contact the Health Department for guidance on self-quarantine and contact Barb Santo at santob@dexterschools.org or call 734-424-4110.

For further questions, visit washtenaw.org/COVID19 or contact with Washtenaw County Health Department at L-wchdcontact@washtenaw.org or 734-544-6700.