

COVID-19 SCREENING PROTOCOL
Secondary Screening Questionnaire

Name: _____

Temp. Reading: _____

Company: _____

Date: _____

Shop: _____

Employee ID: _____

Are you currently sick with any of the following symptoms?

Fever Sore throat Cough Shortness of breath

If Yes:

a. Have you had this cough for less than 2 weeks? Yes or No. _____

b. Is this cough unusual for you? Yes or No. _____

c. Do you have any of the following symptoms:

Chills Muscle Aches Sweats Fatigue Loss of Smell

Please explain: _____

Entry denied at this time. Contact your medical provider. A fitness for duty document regarding your health as it relates to the **COVID-19** public health crisis is required for reentry.

Entry is Authorized by the Epidemic Response Supervisor.

Have you traveled Domestically (U.S.) in the past 14 days? Yes or No.

If Yes,

a. Where did you travel? _____

b. When did you travel? _____

c. How did you travel _____

d. Is this considered travel from home? Yes or No

Please explain: _____

Entry denied at this time. Contact your medical provider. A fitness for duty document regarding your health as it relates to the **COVID-19** public health crisis is required for reentry.

Entry is Authorized by the Epidemic Response Supervisor.

If an employee completes a quarantine period, they are eligible for return to work after a re-screening process.

WHEN IS THE EMPLOYEE ELIGIBLE TO RETURN FROM THE SELF OR MEDICAL QUARANTINE: _____

Epidemic Response Supervisor: _____