A picture containing drawing

Description automatically generatedCOVID-19 Screening Questionnaire

**<COMPANY LETTERHEAD>**

**<Company> COVID-19 Screening Questionnaire**

<Jobsite Name, Address and Date>

<2nd COVID-19 Response Team Member’s Name, Mobile Phone, E-mail>

1. Have you tested positive for COVID-19? Yes\_\_\_ No\_\_\_

Has a medical care provider authorized your return?Yes\_\_\_ No\_\_\_

*Note: If yes, he/she must send documentation authorizing your return to work directly to <name and phone number> at <e-mail address>.*

1. Have you experienced any of the following symptoms within the pasts 14 days without the use of fever-reducing or symptom-altering medications?

Fever <100.40 F> or higher Yes\_\_\_ No\_\_\_ Headache Yes\_\_\_ No\_\_\_

Chills Yes\_\_\_ No\_\_\_ New Loss of Taste/Smell Yes\_\_\_ No\_\_\_

Cough Yes\_\_\_ No\_\_\_ Sore Throat Yes\_\_\_ No\_\_\_

Shortness of Breath Yes\_\_\_ No\_\_\_ Congestion/Runny Nose Yes\_\_\_ No\_\_\_

Difficulty Breathing  Yes\_\_\_ No\_\_\_ Nausea or Vomiting Yes\_\_\_ No\_\_\_

Muscle or Body Aches Yes\_\_\_ No\_\_\_ Diarrhea Yes\_\_\_ No\_\_\_

1. Have you been 6-feet or closer for 15 minutes or more within the past 14 days to anyone who has tested positive for COVID-19? Yes\_\_\_ No\_\_\_
2. Have you been 6-feet or closer for 15 minutes or more to anyone within the past 14 days who was experiencing a fever of <100.4o F> or higher, chills, cough, shortness of breath or difficulty breathing, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea? Yes\_\_\_ No\_\_\_
3. Have you traveled outside the country in the past 14 days? Yes\_\_\_ No\_\_\_
4. Have you been in an airport for any reason in Atlanta, California, Chicago, Connecticut, Detroit, Miami, New Jersey, New York, or Washington State within the past 14 days? Yes\_\_\_ No\_\_\_
5. Current body temperature is at or above <100.4o F> Yes\_\_\_ No\_\_\_

If yes to the first question in #1, and/or any questions in #2, #3, #4, #5, #6, #7, finish completing this questionnaire below. Otherwise delete, or trash it.

Employee/Visitor’s Name Employee/Visitor’s Company Mobile Phone #

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