

# COVID-19 Workplace Health Screening



Company Name: \_\_\_\_\_

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Time In: \_\_\_\_\_

1. In the last 10 days, have you developed any of the following symptoms that are new/different/worse from baseline of any chronic illness:

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Fever of 100.4°F or higher, or felt feverish: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| New or worsening cough:                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Shortness of breath or difficulty breathing:  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. In the last 10 days, have you developed any of the following symptoms that are new/different/worse from baseline of any chronic illness:

|                           |                              |                             |
|---------------------------|------------------------------|-----------------------------|
| Chills:                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Headache:                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sore throat:              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Loss of smell or taste:   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Runny nose or congestion: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Muscle aches:             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Abdominal pain:           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fatigue:                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nausea:                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Vomiting:                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diarrhea:                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Current Temperature:      |                              |                             |

**DISCLAIMER: This screening tool is subject to change based on the latest information on COVID-19**

If you answer **YES** to any of the symptoms listed in section 1, **OR YES** to two or more of the symptoms listed in section 2, please do not go into work. Self-isolate at home and contact your primary care physician's office for direction.

- If you have a known exposure to COVID-19 and/or test positive for COVID-19 you should isolate at home for minimum of 10 days since symptoms first appeared or per guidance of your local health department.
  - You must also have 24 hours without a fever and improvement in symptoms.
- If you do not have a known exposure or test negative for COVID-19 you may return to work if you have been fever free for 24 hours.

In the past 10 days, have you:

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Had close contact with an individual diagnosed with COVID-19? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

If you answer **YES** to either of these questions, please do not go into work. Self-quarantine at home for 10 days. Contact your primary care physician's office if you have symptoms or have had close contact with an individual for evaluation. If you are given a probable diagnosis or test positive call your local health department to ensure they are aware. If you have traveled domestically to a place with widespread COVID-19, consult the agency/company policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Safety practices for workplaces that remain open or re-open with staff on-site during the COVID-19 pandemic:

For more detailed guidance, please visit <https://www.barryeatonhealth.org/coronavirusworkplace>

- Encourage employees get vaccinated for COVID-19
- When there is substantial transmission in the community, employees should wear cloth masks when indoors regardless of vaccination status.
  - To check for community transmission: [CDC COVID Data Tracker](#)
- Maintain 6 feet of distance between people.
- Emphasize frequent and proper hand washing. Make sure sinks are well supplied.
- Work remotely whenever possible.
- Do not share space or equipment. If this is not possible, have employees wash their hands before and after using shared equipment. Clean and sanitize equipment between uses.
- Increase sanitization of workplace.
- Develop an emergency plan that implements policies if staff are diagnosed with COVID-19.
- Increase building ventilation and percentage of outdoor air that circulates into the system.
- Follow all requirements put forth by executive orders and executive directives.

**If an employee arrives to work ill or becomes ill at work**, send them home immediately. If they are having trouble breathing, experiencing chest pain, or cannot keep fluids down, seek immediate medical assistance. Contact the health department for guidance on next steps.

**If an employee tests positive for COVID-19**, the employee needs to stay home and isolate themselves. You must protect the confidentiality of the employee. Make sure surfaces and work areas the employee came into contact with are disinfected with an EPA-approved cleaner. Depending on the type of worksite and patterns of exposure, close contacts (less than six feet distance for greater than 15 minutes while contagious, starting 48 hours before the ill person developed symptoms) may need to quarantine for 10 days. Contact the health department as soon as possible for direction.

**If a non-critical infrastructure employee is at home following an exposure to COVID-19 (quarantine)**, they may return to work after 10 days. If they become sick at home, they should follow isolation guidance.

**If a critical infrastructure employee is exposed to COVID-19**, in critical infrastructure roles such as health care, grocery, or manufacture of lifesaving equipment, the employee may be allowed to continue work at the employer's discretion provided they remain asymptomatic and the employer implements the following additional precautions to protect the employee and the community:

1. Employers should measure the employee's temperature and assess symptoms each day before they start work. Ideally, temperature checks should happen before the individual enters the facility. A touchless thermometer, or a dedicated thermometer for the employee if not touchless, should be used. Sharing of any thermometer other than a touchless thermometer is strictly prohibited.
2. As long as the employee does not have a fever or other symptoms, they should self-monitor under the supervision of their employer's occupational health program or other programs in place to protect employee health and safety.
3. If the employee begins to experience symptoms during the day, they should be sent home immediately.
4. The employee should wear a face mask at all times while in the workplace for 10 days after last exposure. Employers can issue facemasks or can approve employees' supplied cloth face coverings in the event of shortages.
5. The employee should maintain at least six feet of distance from other people as work duties permit.
6. Beyond standard cleaning protocol, clean and disinfect all areas such as offices, bathrooms, common areas, and shared electronic equipment routinely known to be impacted by the exposed employee for 10 days after last exposure.

**If an employee is sick at home (isolation),** they may return to work 10 days after the symptoms started **AND** they are 24 hours fever-free without the use of fever-reducing medication **AND** they have had improvement in symptoms.

**For the most up-to-date information on COVID-19, please visit the following:**

- **Barry and Eaton Counties:** <https://www.barryeatonhealth.org/coronavirus>
- **Michigan:** <https://www.michigan.gov/coronavirus>
- **United States:** <https://www.cdc.gov/coronavirus/2019-ncov/index.html>