

HEALTH CHECK AND EXPOSURE ASSESSMENT (Employee, Volunteer or Visitor)

It is recommended that individuals are assessed for COVID-19 symptoms and potential exposure prior to entering the building or in an area that is separate from the main areas of the building. This form may be completed by employees at the beginning of every shift, by volunteers entering the agency, or by individuals entering the building for an in-person visit.

Name:

Date:

Time:

FEVER, COUGH, & SHORTNESS OF BREATH

Do you have a fever? Yes No

Current Temperature:

Employees who develop fever and respiratory symptoms must be excluded from work for at least 7 days. If testing for COVID-19 is performed and is negative, staff may return to work 72 hours after the fever has resolved without the use of fever-reducing medications.

Have you had a fever in the past 7 days? Yes No

If yes, has it been resolved for 72 hours without use of medication? Yes No

Do you have a cough? Yes No *If yes, but cough is not accompanied by fever or shortness of breath, the individual is considered asymptomatic and permitted to work.*

Are you experiencing shortness of breath? Yes No

If yes, are you experiencing any of the following? (Check all that apply): Persistent pain or pressure in the chest
 New confusion or inability to arouse Bluish lips or face

If severe symptoms are present, consult public health, a nurse line, or obtain medical attention.

Are you currently experiencing any other symptoms? Yes No

If yes, are you experiencing any of the following? (Check all that apply): Chills Sore throat Headache
 Muscle pain Headache New loss of taste or smell Repeated shaking with chills

If two of these symptoms are present, consult public health or a nurse line.

POTENTIAL COVID-19 EXPOSURE

Have you been in close contact (within 6 feet) with others known to be ill, exhibiting symptoms such as fever, cough, or shortness of breath, or tested positive for COVID-19 within the past 14 days? Yes No

If yes, the individual should practice good health and hygiene practices, be monitored, and adhere to social distancing standards (maintaining 6 feet of distance between themselves and others). Isolation is not necessary for asymptomatic individuals.

Have you been tested for COVID-19? Yes No

If yes, were results negative? Yes No

By signing below, I attest that the information provided above is accurate based on my current condition and knowledge of potential exposure.

Name of Individual Completing Assessment:

Signature: