

# **Employee COVID-19 Screening Questionnaire**

**To reduce the risk of spread of COVID-19 in the workplace, employees must self-screen prior to presenting to work.**

## **PRIOR TO COMING TO WORK TODAY, HAVE YOU...**

- 1. Newly experienced any of the following symptoms that cannot otherwise be attributed to another condition?**
  - ✓ **Fever**
  - ✓ **Loss of taste or smell**
  - ✓ **Shortness of breath or difficulty breathing**
  - ✓ **Headache**
  - ✓ **Cough**
  - ✓ **Sore throat**
  - ✓ **Chills**
  - ✓ **Fatigue**
  - ✓ **Muscle Pain or aches**
  - ✓ **Nausea, vomiting or diarrhea**
  - ✓ **Runny nose or congestion**
- 2. Tested positive, or have been diagnosed by a healthcare provider, with COVID-19 in the past 10 days?**
- 3. Been advised by a healthcare provider or a public health agency to self-quarantine within the last 14 days?**
- 4. Had close contact with someone experiencing symptoms, or someone with known exposure to COVID-19?**
- 5. Been tested or are awaiting results after experiencing symptoms of COVID-19 or have been in close contact with someone positive for COVID-19 or who was experiencing symptoms?**
- 6. Traveled outside of Massachusetts and have not been cleared by HR to return to work?**

**If you answered yes to any of the above, do not come into work. Notify your supervisor and HR.**