COVID-19 Screening Checklist for Employers

Name: ___________________________ Date: _______________ Time: ______

PURPOSE: Based on the Febrile Respiratory Illness Health Order that took effect on 04/29/2020, all employers, on a daily basis, are to screen all employees for signs of respiratory illness accompanied by fever. Symptoms may appear 2-14 days after exposure to the virus. People with COVID-19 have had a wide range of symptoms reported - ranging from mild to severe.

INSTRUCTIONS: All employees entering the building must be asked the following questions; Businesses can determine whether to use this tool for customers, as well.

1. Do you have any of the following symptoms?
   - ☐ Sore Throat
   - ☐ Cough
   - ☐ Shortness of Breath
   - ☐ Muscle or Body Aches
   - ☐ Vomiting or Diarrhea
   - ☐ Change in Smell or Taste
   - ☐ Other Symptoms
   - ☐ Chills
   - ☐ Fever
   * If experiencing fever, is your temperature 100.4°F or greater? ☐ Yes ☐ No

2. Have you had contact with someone who is COVID-19 positive? ☐ Yes ☐ No

3. Have you had contact with someone who has been in close contact with someone who is COVID-19 positive? ☐ Yes ☐ No

4. If you answered Yes to any of the above questions:
   - • Do not physically go to work
   - • Notify your supervisor
   - • Call your medical provider to determine if testing is appropriate for you
   - • At this time, testing for COVID-19 is available at 5171 Silva Road by logging into: https://www.lhi.care/covidtesting, or by calling: 1-888-634-1123

REMINDERS:
   - ☐ Do not shake hands with, touch, or hug others while in the building.

   - ☐ Wash your hands or use alcohol-based hand sanitizer throughout your time in the building.

   - ☐ Maintain appropriate social distancing (6’ feet distance), whenever possible.

Person Performing Screening: ____________________________________________

For more information, call the COVID-19 Helpline at: (209) 259-1332.

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