

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.