Employee Screening Tool

ARE YOU FULLY VACCINATED? (i.e., ≥ two weeks following receipt of the second dose in a two-dose series, or ≥ two weeks following receipt of one dose of a single-dose vaccine): **YES / NO**

Please let us know if you **or anyone in your household** have any of the following (check all that apply):

	Yes	No
Fever greater than or equal to 100.0° F (37.8° C), **OR** any of the following symptoms: • Feel ill, chills, fatigue or muscle aches • Cold or sinus infection symptoms (sneezing, runny nose, sinus congestion) • Shortness of breath • Sore throat • New or changed cough (not otherwise associated with a known chronic condition like smoking or allergies • Head ache • New loss of taste or smell		
Traveled internationally or on a cruise ship within the last 14 days?		
Had close contact * with someone who has confirmed or presumed COVID-19 (Coronavirus) within the last 14 days?		
Today's Temperature:_____(if unknown or not taken, temperature must be taken and documented here prior to admission)		

Close contact is defined as someone who was within 6 feet or less of an infected person for a cumulative total of 15 minutes or more over a 24-hour period* starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the person is isolated.

What was your temperature today? _____

If you have any of the above symptoms or exposures***, contact your supervisor or HR representative immediately and prior to going to work.***

Thank you for your understanding and cooperation in helping us keep everyone safe.

I certify that this information is accurate to the best of my knowledge and that I will report any changes in these conditions immediately.

Name:_____

Date:_____

Signature:_____

Updated 12-29-2021