

**APPENDIX B
EMPLOYEE ENTRY SCREENING QUESTIONNAIRE**

COVID-19 Employee Health Screening

Verbally ask each Employee, In the last 24 hours, have you experienced:

Subjective fever (felt feverish):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chills:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Headache:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New or worsening cough:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shortness of breath:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore throat:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Loss of smell or taste:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Runny nose or congestion:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Muscle aches:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Abdominal pain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fatigue:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nausea:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vomiting:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diarrhea:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Temperature:		

NOTE: Even mild symptoms must be tested for in this phase of re-opening. Fever alone is a symptom of covid-19, it is not a required symptom. People with COVID-19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness. This list may not include all possible symptoms. Having even one of these symptoms may mean you have COVID-19. Seek medical attention assessment from a healthcare medical provider.

If you answer **“yes”** to any of the symptoms listed above, or your temperature is **100.0°F or higher**, please do not go into work. Self-isolate at home and contact your primary care physician’s office for direction.

- Contact your Primary Care Provider or a local test center (HFAH or CFH) to be tested and do not return to work until they receive direction or approval from a medical provider

In the past 14 days, have you:

- Had close contact with an individual diagnosed with COVID-19? Yes No
- Traveled via airplane internationally or domestically and have symptoms? Yes N

If you answer **“yes”** to either of these questions, please do not go into work. Self-quarantine at home for 14 days. Contact your medical provider if you have symptoms or have had close contact with an individual for evaluation. If you are given a probable diagnosis or test positive call your local health department to ensure they are aware.