Novel Coronavirus (COVID-19) Screening Tool

Employee Name: _____

Employer Name: _____

Please conduct screening prior to each shift. Circle Yes or No. Submit with the weekly timesheet.	DATE						
Have you recently developed any of the following symptoms?							
 Fever > 100.4 or feeling like you have a fever? 	YES/NO						
New Cough?	YES/NO						
 Shortness of breath/breathing difficulties? 	YES/NO						
Have you travelled internationally or to an area in the United States with a high number of coronavirus cases, flown in an airplane or been on a cruise in the last 14 days? If yes, where?	YES/NO						
In the last 14 days, have you been in close contact (face-to-face contact within 6 feet) with someone who probably has COVID-19?	YES/NO						