COVID-19 Er	mployee Health-Screenin	g Form	
Employee na	ame:		
Job title:			
Date	Body temperature	Respiratory symptoms? (Y/N)	Screened by
	ee's body temperature i mmediately and the follo	_	Fahrenheit, the employee must be
Date the em	ployee was sent home: _	Recorded	d temperature:
Are visible si	igns of respiratory illness	present? Yes	No
An employe	e sent home with a fever	can return to work when:	
duri • Any	ng that time; AND	ough and shortness of breat	t taking medication to reduce fever h) have improved; AND
	•		cause of the employee's fever or othe employee to return to work.
Date the em	ployee returned to work:		