

COVID-19 Employee Screening Form

Employee Name: _____ Company Name: _____

Date of Birth: _____ Gender: _____

Employee's Street Address: _____ Apt./Unit #: _____

City: _____ State: _____ Zip Code: _____

Date of Screening: _____ Temperature: _____

Employee Email: _____ Employee Phone #: _____

SCREENING QUESTIONS: Have you been fully vaccinated? Yes No

Have you recently started experiencing any of the following symptoms?

- | | |
|--|---|
| <input type="checkbox"/> Fever or chills | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Mild or moderate difficulty breathing | <input type="checkbox"/> Nausea or Vomiting |
| <input type="checkbox"/> New or worsening cough | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Sustained loss of smell, taste, or appetite | <input type="checkbox"/> Aching throughout the body |
| <input type="checkbox"/> Congestion or runny nose | <input type="checkbox"/> None of the above |

In the last fourteen (14) days, have you traveled internationally or visited an area where COVID-19 is widespread?

- Yes, I have traveled internationally
- Yes, I have visited an area where COVID-19 is widespread
- None of the above
- I don't know

In the last fourteen (14) days, what has been your exposure to others who are known to have COVID-19?

- I live with someone who has COVID-19
- I have had close contact with someone who has COVID-19 (I was within 6 feet of someone who is sick and did not wear a protective mask, or I was exposed to a cough or sneeze)
- I've been near someone who has COVID-19 (I was at least 6 feet away or I wore a protective mask and was not exposed to a cough or sneeze)
- I have had no exposure (I have not been in contact with someone who has COVID-19)
- I don't know

My signature below certifies that all information recorded above for the purpose of preventing the spread of COVID-19 in the workplace are true and accurate to the best of my knowledge.

Employee Signature

Date

**Internal Use Only*

Provider Name

Provider Signature