

PRE-SHIFT EMPLOYEE COVID-19 SCREENING QUESTIONNAIRE/CLIENTS

Ask employees to take their own temperature either before coming to the workplace or upon arrival at the workplace. Upon their arrival, stand at least 6 feet away from the employee and:

- 1) Ask employees the questions below; and
- 2) Make a visual inspection of the employee for signs of illness, which could include flushed cheeks or fatigue.

In the past 24 hours, have you experienced:

Fever: Yes No

Fatigue: Yes No

Cough: Yes No

Sneezing: Yes No

Muscle Aches and Pains: Yes No

Sore throat: Yes No

Diarrhea: Yes No

Headaches: Yes No

Shortness of Breath or Difficulty Breathing: Yes No

New Loss of Smell and/or Taste: Yes No

Chills Yes No

Have you recently been in close contact with anyone who has exhibited any symptoms of COVID-19? Yes No

Have you recently been in contact with anyone who has tested positive for COVID-19? Yes No

Please provide the readings of two self-administered temperature screenings taken within last 12 hours:

Screening#1: Time: _____ Temperature: _____

Screening #2: Time: _____ Temperature: _____

I attest that the foregoing information is true and correct.

Name _____

Signature _____

Date _____

This material is provided for informational purposes only. It is not intended to constitute legal advice, nor does it create a client lawyer relationship between Fisher & Phillips LLP and any recipient. Recipients should consult with counsel before taking any actions based on the information contained within this material. Copyright ©May 11, 2020 Fisher Phillips LLP. All rights reserved.