

Health Screening Questionnaire

- Have you felt feverish?
- Do you have a cough?
- Do you feel fatigued?
- Do you have congestion or runny nose?
- Do you have a sore throat?
- Have you been experiencing difficulty breathing or a shortness of breath?
- Do you have muscle aches?
- Have you had a new or unusual headache (e.g., not related to caffeine, diet, or hunger, not related to a history of migraines, clusters, or tension, not typical to the individual)?
- Have you noticed a new loss of taste or loss of smell?
- Have you been experiencing chills or rigors¹?
- Do you have any gastrointestinal concerns (e.g., abdominal, pain, vomiting, diarrhea)?
- Is anyone in your household displaying any symptoms of COVID-19
- To the best of your knowledge, have you or anyone in your household come into close contact² with anyone who has tested positive for COVID-19?

¹ *Rigors: a sudden feeling of cold with shivering accompanied by a rise in temperature*

² *Close contacts include household contacts, intimate contacts, or contacts within 6-ft. for 15 minutes or longer unless wearing N95 mask during period of contact.*

After results:

- If an employee indicates having or experiencing any of symptoms above, immediately separate employee from other employees, customers, visitors, and guests and send employee home (as per CDC guidelines)
- Encourage sick employees or employees with any symptoms to seek a COVID-19 test at a state or local government testing center, healthcare center or other testing locations and follow CDC-recommended steps
- Have a procedure in place for the safe transport of sick employees if an employee were to become sick or experience any symptoms while at work