



### Employee Daily Health Self-Screening Form

Each employee is required to self-screen for COVID-19 symptoms each day before they start work; they are also required to have their department's designated person take their temperature at the start of each shift and upon returning from lunch break.

**DO NOT REPORT TO WORK** if you are experiencing any symptoms of COVID-19 including:

- Fever of greater than 100.4 degrees Fahrenheit
- Dry cough
- Shortness of breath
- Recent inability to taste or smell

Or **two or more** of the following:

- Chills
- Sore throat
- Fatigue/malaise
- Muscle aches/pain
- Nausea/vomiting or diarrhea

If you are experiencing any of these symptoms, notify your supervisor/manager, isolate yourself from other family members, and call your medical provider.

If an employee reports symptoms of COVID-19 while at work, the City will:

1. Send the employee home immediately and refer for COVID-19 testing.
2. Increase cleaning in the department work area and continue to promote physical distancing (employees being at least 6 feet apart from each other).
3. Exclude the employee from work until they are fever-free (without medication) for 24 hours **AND 10 days** have passed since their first symptom (a negative test result may allow for an earlier return).

**The information contained on this form must be kept secure and confidential at all times.**

Employee Name (print):  Recorder Name (print):

Screen the employee for these symptoms before they start their shift and when they return from lunch. Circle an answer (y=yes, n=no) for each symptom for the employee each day. Log the times the screens were performed.

Date	Before Starting Shift				Recorder's Initials & Timestamp	Returning from Lunch				Recorder's Initials & Timestamp
	Fever	Cough	Shortness of Breath	Other Symptoms		Fever	Cough	Shortness of Breath	Other Symptoms	
	Y N	Y N	Y N	Y N		Y N	Y N	Y N	Y N	
	Y N	Y N	Y N	Y N		Y N	Y N	Y N	Y N	
	Y N	Y N	Y N	Y N		Y N	Y N	Y N	Y N	
	Y N	Y N	Y N	Y N		Y N	Y N	Y N	Y N	
	Y N	Y N	Y N	Y N		Y N	Y N	Y N	Y N	
	Y N	Y N	Y N	Y N		Y N	Y N	Y N	Y N	
	Y N	Y N	Y N	Y N		Y N	Y N	Y N	Y N	

Employee's Signature:  Date:

Recorder's Signature:  Date: