

COVID-19 Employee Health Screening Form

Department: _____

Person Completing Form: _____

Date: _____

Each employee is required to screen for symptoms before they start their shift. Circle an answer (y=yes, n=no) for each symptom. If an employee reports any of the symptoms:

1. Send employee home immediately. **Notify CSU EHS Public Health Office.**
2. Increase cleaning in your facility and ensure employees are least 6 feet apart from one another.
3. Exclude employee until they are fever-free (without medication) for 72 hours and 10 days have passed since their first symptom unless they have a clear alternative diagnosis from a medical provider.
4. If multiple employees have symptoms, **contact CSU EHS Public Health Office immediately at 970-491-6121 or 970-491-1816.**

Employer, retain these forms in a secure place for three months, and provide the forms upon request.

DATE / EMPLOYEE NAME	CHECK SYMPTOMS DAILY, BEFORE STARTING SHIFT						
	Fever 100.4°F or above	Cough	Shortness of breath or difficulty breathing	Chills	Muscle aches	Sore throat	New loss of taste or smell
	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

Are you living with or have you had close contact with someone who has TESTED positive for COVID-19? Y N

**If yes, do not report to work. Contact CSU EHS Public Health at the numbers above.*