

EMPLOYEE HEALTH CHECK

Employees are suggested to fill this form out each morning before starting their shift. If they answer that they have a temperature of more than 100° degrees or yes to any question, they should not work, but go home and seek professional medical advice right away.

Temperature

My current temperature today is:

Exposure

Within the past 24 hours, has anyone you are currently living with began showing symptoms of a viral syndrome such as fever, cough, or shortness of breath?

_____ **Yes** _____ **No**

Symptoms

Within the past 24 hours, do you have new symptoms consistent with a viral syndrome such as fever, cough, or shortness of breath?

_____ **Yes** _____ **No**

Within the past 24 hours, has anyone you have been in contact with in the last two weeks (friends, acquaintances, customers, etc.) notified you to say they are showing symptoms of a viral syndrome such as fever, cough, or shortness of breath?

_____ **Yes** _____ **No**

Employee Name _____

Signature _____

Date _____

Disclaimer:

This document is to be used for guidance. It does not supersede local, state, or federal regulation. It cannot be used for any type of legal action.

