

LHDC COVID-19 Employee Health-Screening Form

Employee Name:	Department:	Title:
Work Location(s):	Supervisor:	

You must complete this self-screening each day no more than one (1) hour before you report to work for LHDC. If you **have a temperature of 100.4° Fahrenheit or higher; answer **“YES”** to ❶, ❷, or ❿; or answer **“YES”** to two or more ❸, ❹, ❺, ❻, ❼, ❽, or ❾, **DO NOT** report to work. Instead, contact your supervisor or Human Resources immediately and follow their instructions.**

Please answer “YES” or “NO” or “NA” (not applicable) to each of the following questions:												
Date	Body Temperature If 100.4° or higher, call your supervisor or HR before going to work	❶ Shortness of Breath? If yes, call your supervisor or HR before going to work	❷ Cough? If yes, call your supervisor or HR before going to work	❸ Chills?	❹ Repeated Shaking with Chills?	❺ Muscle Pain?	❻ Headache?	❼ Sore Throat?	❽ New loss of taste or smell?	❾ Caring for someone who is ill?	❿ In the 2 weeks before you felt sick, did you:	
		Have contact with someone diagnosed with COVID-19?	Live in or visit a place where COVID-19 is spreading?									

Employee Signature: _____

Date Signed: _____

Note: Employees who are unable to work based on the questions included in this screening tool may return to work when:

- He or she has had no fever for at least three days without taking medication to reduce fever during that time; AND
- Any respiratory symptoms (cough and shortness of breath) have improved for at least three days; AND
- At least seven days have passed since symptoms began; AND
- Human Resources has approved the return to work.

The employee may return to work earlier if a doctor confirms the cause of the employee’s fever or other symptoms is not COVID-19 and provides a written release for the employee to return to work. The information above will be kept confidential.

Please return this form to Human Resources once the chart is full, or when Human Resources requests it.