Health Screen Checklist

Are you currently experiencing, or have you experienced in the past 14 days, any of the following symptoms? (Please take your temperature before you answer this question.)

- Yes ☐ No ☐ Fever (100.4°F/37.8°C or greater as measured by a thermometer)
- Yes ☐ No ☐ Cough
- Yes ☐ No ☐ Shortness of breath or difficulty breathing
- Yes ☐ No ☐ Sore throat
- Yes ☐ No ☐ New loss of taste or smell
- Yes ☐ No ☐ Chills
- Yes ☐ No ☐ Head or muscle aches
- Yes ☐ No ☐ Nausea, diarrhea, vomiting

In the past 14 days, have you been in close proximity to anyone who was experiencing any of the above symptoms or has experienced any of the above symptoms since your contact?

- Yes ☐ No ☐

In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19?

- Yes ☐ No ☐

Have you been tested for COVID-19 and are waiting to receive test results?

- Yes ☐ No ☐

Have you have tested positive for COVID-19, or are you presumptively positive for COVID-19 based on your health care provider’s assessment or your symptoms?

- Yes ☐ No ☐

   NOTE: If you have tested positive for COVID-19 or have been presumptively positive for COVID-19 based on your health care provider’s assessment or your symptoms, please contact your manager or human resources representative immediately.

In the past 14 days, have you been on a commercial flight or traveled outside of the United States?

- Yes ☐ No ☐

In the past 14 days, have you been in close proximity to anyone who has been on a commercial flight or traveled outside of the United States?

- Yes ☐ No ☐

   If you answered “yes” to any of the foregoing question, please let the receptionist know and do not enter/remain in the office. Employees: notify your supervisor.