



COVID-19 Health Screening Form

All employees or authorized visitors/vendors wishing to enter the home or all service delivery/office work sites, are required to answer and sign screening questions before starting the shift or visit.

If you answer YES to any of these questions, or have a temperature over 100.3°F, DO NOT enter the home or service delivery/work location, DO NOT begin your shift / report to work, DO NOT engage in contact with support recipients or other staff, and CONTACT your supervisor. You are strongly urged to contact your medical provider or TELADOC immediately.

Questions		
What is your current temperature? (Must be taken within an hour before shift start)	°F	
	YES	NO
Have you traveled in the last 2 weeks (14 days)?		
Has anyone in your household traveled, or have you been around anyone who has traveled in the last 2 weeks (14 days)?		
Have you , or anyone you have had contact with, had symptoms of COVID-19 (or corona virus) or are being tested for COVID-19?		
Do you have, or within the last week, have had any of the following symptoms:		
Fever		
Cough		
Loss of appetite		
Significant fatigue		
Diarrhea		
Shortness of breath		
Difficulty breathing		
Muscle aches or pain		
Chills		
Repeated shaking with chills		
Headache		
Sore throat		
Runny nose		
Vomiting		
New loss of sense of smell or altered taste		

I confirm my answers to the above questions. I understand that failure to provide true and accurate information may result in disciplinary action, up to and including separation of employment.

Signature: _____ Date: _____

Name: _____ Employee ID: _____ (as applicable)

Supervisor: _____ (as applicable)