

COVID-19 Employee Health Screening Log

Employee name:

Use one sheet for each employee for ongoing daily COVID-19 health screens. Complete section I by entering the date, employee's temperature, if they have respiratory or other COVID-19 symptoms, and your name. If an employee's temperature is ≥ 100.4 degrees Fahrenheit, complete section II and immediately send the employee home. Please keep this Log in a confidential location separate from an employee's other personnel documents.

Job title:

SECTION I			
Date	Employee Temperature	Respiratory or other symptoms of COVID-19?* (Y/N)	Screened by
		ough, shortness of breath, or difficulty breathing. Other eadache, sore throat, and new loss of taste or smell.	r COVID-19 symptoms
SECTION II	(To be complet	ed if employee is sent home)	
		red if employee is sent home) ome: Recorded temperature: _	
Date the empl	oyee was sent ho		
Date the empl Are visible sigi	oyee was sent ho	ome: Recorded temperature:	
Date the empl Are visible sign If "Yes," please	oyee was sent ho	ome: Recorded temperature: illness present? Yes No	
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Date the emplored Are visible sign of the	oyee was sent hons of respiratory in a list symptoms: sent home with a she has had no feet that time; AND espiratory symptoms	Recorded temperature: Recorded temperature: res No No rever can return to work when:	on to reduce fever
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COVID-19 Employee Health Screening Log (Continued)

Fm	nlα	ee name:			
	DIO	CC Harric.			

Date	Employee Temperature	Respiratory or other symptoms of COVID-19?* (Y/N)	Screened by

^{*}Respiratory symptoms include cough, shortness of breath or difficulty breathing. Other COVID-19 symptoms include chills, muscle pain, headache, sore throat and new loss of taste or smell.