



EMPLOYEE HEALTH SCREENING FORM

1. HAVE YOU HAD ANY OF THE FOLLOWING SYMPTOMS?

- Feverish
- Chills
- Cough
- Shortness of breath
- Muscle aches
- Headache
- Loss of taste or smell
- Sore throat
- Runny nose
- Nausea or vomiting
- Abdominal pain

If **YES** to any, you are not to report to work. Please notify your work supervisor AND the Assistant City Manager/HR Coordinator immediately.

If **NO**, please proceed to the next question.

2. DO YOU HAVE A FEVER ABOVE 99.9 DEGREES FAHRENHEIT?

- Yes
- No

If **YES**, you are not to report to work. Please notify your work supervisor AND the Assistant City Manager/HR Coordinator immediately.

If **NO**, please proceed to the next question.

3. HAVE YOU BEEN DIAGNOSED WITH COVID-19 WITHIN THE PAST 2 WEEKS?

- Yes
- No

If **YES**, you are not to report to work. Please notify your work supervisor AND the Assistant City Manager/HR Coordinator immediately.

If **NO**, please report to work as normal.

WHEN TO SEEK MEDICAL ATTENTION

If you develop any of these emergency warning signs for COVID-19, seek medical attention immediately:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to wake up
- Bluish lips or face