

Coronavirus/COVID-19 Employee Screening & Incident Report Checklist



LOCATION:

EMPLOYEE'S FULL NAME:

DATE:

EMPLOYEE'S PHONE NUMBER:

YES

NO

Have you been **in contact with anyone** who has been experiencing the following symptoms?

- Fever YES NO
- Cough YES NO
- Shortness of breath YES NO

If you answer yes to any of the above symptoms, proceed with the questions below.

Are you currently experiencing any symptoms? YES NO

What symptoms are you experiencing?

Other symptoms: _____

Are you experiencing:

- Fever YES NO
- Cough YES NO
- Shortness of breath YES NO

Will you be getting tested for coronavirus/COVID-19? YES NO