This form must be turned into you supervisor at the end of every week!

Addison Community Schools (revised 9/23/2020)
COVID-19 Workplace Health Screening

Employee Name: ___________________________________ Week of: _____________________________________

1. Do you have any of the following symptoms that are new/different/worse from baseline of any chronic illness:

	Monday	Tuesday	Wednesday	Thursday	Friday
Fever > 100.4°	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
New or worsening cough	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Shortness of breath or difficulty breathing	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
New loss of smell or taste	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

2. Do you have any of the following symptoms that are new/different/worse from baseline of any chronic illness:

	Monday	Tuesday	Wednesday	Thursday	Friday
Chills or shivering	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Headache	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Sore throat	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Runny nose or congestion	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Muscle aches	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Abdominal pain	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Fatigue	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Nausea	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vomiting	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Diarrhea	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

If you answer **YES** to any of the symptoms listed in question 1, **OR YES** to two or more of the symptoms listed in question 2, do not go into work. Self-isolate at home and contact your healthcare provider to discuss symptoms and COVID-19 testing. If you do not have a healthcare provider, you may contact the Lenawee County Health Department at (517) 264-5226, Option 5 to speak with a Public Health Nurse (Monday – Friday 8:00am – 4:30pm).

- If you test positive, call your local health department and make them aware of your testing results.
- You should isolate at home for a minimum of 10 days since symptoms first appeared or per guidance of your local health department.
- You must also have 24 hours without a fever and improvement in symptoms.
- If you are not a close contact and your test comes back negative, you may return once your symptoms have resolved, or based on guidance from your healthcare provider. If you are a close contact (see question 3), you must still complete the 14-day quarantine regardless of test results.

(over)

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3. In the past 14 days, have you:

Had close contact with an individual diagnosed with COVID-19?	☐ Yes ☐ No

If you answer **YES** to this question, do not go into work. Self-quarantine at home for 14 days. Contact your healthcare provider if you have symptoms. If you do not have a healthcare provider, contact the Lenawee County Health Department at 517-264-5226 option 5.

4. Have you been tested for COVID-19 and are waiting for results? ☐ Yes ☐ No

If yes, you must isolate at home until you receive negative results. You then may return based on guidance from your physician for your predominate symptoms (see "Managing Communicable Diseases in Schools"), unless you have had close contact with a COVID positive individual (question 3) in which case you must still quarantine at home for 14 days. Note: If are you routinely tested as part of your job, AND you do not have symptoms or close contact with a COVID positive individual, then you do not need to isolate.

Signature: ____ Date: ___________________________

DISCLAIMER: This screening tool is subject to change based on the latest information on COVID-19.