

Coronavirus Disease (COVID-19) Workplace Health Screening

Sample Logo

Company Name: _____

Employee Name: _____

Date: _____

Time In: _____

In the past 24 hours, have you experienced:

Subjective fever (felt feverish):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New or worsening cough:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shortness of breath:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore throat:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diarrhea:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current temperature:		

If you answer “**yes**” to any of the symptoms listed above, or your temperature is **100.4°F or higher**, please do not go to into work. Self-isolate at home and contact your primary care physician’s office for direction.

- You should isolate at home for a minimum of 7 days since symptoms first appear.
- You must also have 3 days without fevers and improvement in respiratory symptoms.

In the past 14 days, have you:

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

Traveled internationally or domestically? Yes No

If you answer “**yes**” to either of these questions, please do not go into work (unless exempt). Self-quarantine at home for 14 day.

For questions, visit info.wgbib.com/covid or contact your broker at (714) 505-7000 (main office line).