**Employee Health Check**

On a daily basis, all employees who come into the office are required to complete and submit this form to XXXXXX before the start of your day. Submit by email or hard copy. If you are working from home you do not have to submit the form, but if experiencing any symptoms you must notify XXXXX immediately.

If you have a temperature of more than 100.4 degrees or answer **YES** to any of the questions, you should not work, but go home and seek professional medical advice right away.

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **TEMPERATURE**  My current temperature today is:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I do not have a thermometer at home but attest to not feeling feverish nor feel warm to the touch on the back of the hand. (initial here) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **SYMPTOMS**  Within the past 24 hours, do you have new symptoms consistent with a viral syndrome such as fever, cough, shortness of breath, chills/shaking, muscle pain, headaches, sore throat, or loss of taste or smell?  Yes: \_\_\_\_ No:\_\_\_\_ |

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| **EXPOSURE**  Within the past 24 hours, has anyone you are currently living with began showing symptoms of a viral syndrome such as fever, cough, shortness of breath, chills/shaking, muscle pain, headaches, sore throats, or loss of taste or smell?  Yes: \_\_\_\_ No: \_\_\_\_  Within the past 24 hours, has anyone you have been in contact with in the last 2 weeks (friends, acquaintances, customers, etc.) notified you to say they are showing symptoms of a viral syndrome such as fever, cough, shortness of breath, chills/shaking, muscle pain, headaches, sore throat, or loss of taste or smell?  Yes: \_\_\_ No: \_\_\_\_ |