



## COVID-19 EMPLOYEE Screening Questionnaire

The following are to be used as screening questions in order to determine whether an employee can physically report to work for the day:

Yes/No	Questions
	Do you have a temperature > 100.0 F* (37.8 C)?
	Do you have a new or worsening cough?
	Do you have new or worsening shortness of breath?
	Do you have a new sore throat?
	Do you have muscle pain or soreness (not due to exercise or overexertion of muscles)?

**If you answer NO to all the above**, sign the COVID-19 Employee Screening Attestation and report to work.

**If you answer YES to any of the above**, complete the following immediately:

1. Complete the bottom of this questionnaire
2. Do not physically report to work and go home
3. Notify your supervisor
4. Call Employee Health (715-847-2785) for further instruction

**Employee Name:** \_\_\_\_\_ **Employee ID:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date & Time:** \_\_\_\_\_

**Screener's Name:** \_\_\_\_\_ **Date & Time:** \_\_\_\_\_

**Instructions for Screeners:** Fax completed forms (only those with a "Yes" response) to Employee Health (715-847-2786)