

# COVID-19 Employee & Volunteer Pre-Work Health Checklist



In the past 24 hours, have you experienced any of the following:

- Subjective fever (felt feverish)  Yes  No
- New or worsening cough  Yes  No
- Shortness of breath  Yes  No
- Sore throat  Yes  No
- Diarrhea  Yes  No

If you answered **yes** to any of the above, or you have a temperature of **100.4 degrees or higher**:

**PLEASE – DO NOT GO TO WORK/VOLUNTEER OR ENTER THE BUILDING.** Self-isolate at home and contact a physician or urgent care facility for further direction.

Do not return to work/volunteer or enter the building until you have:

- isolated at home for at least 7 days from the onset of symptoms; AND
- no fever for at least 72 hours (that is three full days of no fever without the use of fever reducing medicine); AND
- other symptoms have improved (for example, cough or shortness of breath, etc)

In the last 14 days, have you:

- Been in close contact with a person diagnosed with COVID-19?  Yes  No
- Traveled domestically or internationally?  Yes  No

If you answered **yes** to either question:

**PLEASE – DO NOT GO TO WORK/VOLUNTEER OR ENTER THE BUILDING.** Self-quarantine at home.

*My signature below indicates that I have answered this form accurately and I understand and acknowledge the above expectations.*

\_\_\_\_\_  
Signature

\_\_\_\_\_|\_\_\_\_\_  
Date | Time

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Reason for visiting