

**[INSERT MEDICAL PRACTICE NAME/LOGO]**  
**COVID-19 SYMPTOMATIC EMPLOYEE SCREENING FORM**

You have been asked to fill out this COVID-19 Symptomatic Employee Screening Form because:

- You answered “YES” to one or more of the questions on the COVID-19 Facility Entrance Screening Form, (i.e., you have demonstrated a fever of above 100.4 degrees or you have had close contact during the last 14 days with someone diagnosed with COVID-19);
- You called in sick/reported COVID-19 symptoms before presenting to the Facility; or
- You have been diagnosed with COVID-19.

This form will be used solely for the purpose of evaluating the potential hazards presented to the workplace. If you are an employee or temporary worker, in compliance with the Americans with Disabilities Act, the Practice will keep the information contained within this form confidential, except if and limited to the extent that disclosure is permitted or required by law or you (or your authorized representative in the event of your incapacity) voluntarily authorize disclosure in writing.

**Explanation of COVID-19 Symptoms, Diagnosis or Close Contact**

Provide a detailed explanation regarding the following, as applicable:

- the date on which you first experienced any of the following symptoms (excluding symptoms due to a known medical reason): fever (above 100.4 degrees), chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea;
- your symptoms (excluding symptoms due to a known medical reason);
- the date on which you last had any close contact with someone diagnosed with COVID-19 and the type of contact.

You may voluntarily provide any additional details that will be helpful to the Practice in evaluating the safety of its Facility.

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**Cleaning and Decontamination Evaluation**

Please retrace your steps within the Facility over the past seven days. Record all communal areas and objects that you may have used or come in to contact with. Examples of such areas and objects include, but are not limited to, entrance doors, computers, telephones, coffee stations, restrooms, and breakrooms.

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Please record by name any employee(s) or other individual(s) that you have interacted with over the past 14 days while at the Facility. Record and describe the type of interaction that you had (i.e. physical contact, sharing of common items, verbal discussion) and the length of such interaction.

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Employee Signature

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Date