Company: Date:

Department:

Unit:

Person Performing the Screening:

**Employee:**

1. **Symptoms**: Is employee experiencing or showing any symptoms in the last 24h?
2. Fever (100.4⁰F (38⁰C) or higher if measured using contactless thermometer)
3. Chills/Repeated shaking with chills
4. Cough
5. Shortness of Breath (Test by taking a quick deep breath through your mouth)
6. Chest Pain
7. Out of the ordinary tiredness
8. Bluish lips or face
9. Muscle pain
10. Runny nose/Nasal congestion (Test by taking a quick deep breath through your nose)
11. Sore throat
12. Headache
13. Lost sense of smell or taste
14. Gastrointestinal problems (diarrhea)
15. **Exposure**: Has employ had *Close Contact* with a person that potentially has COVID-19?
16. A person that has symptoms compatible with COVID-19? Exposure would also be considered close contact within 48h before they developed compatible symptoms.
17. A person that tested positive for COVID-19? Exposure would also be considered close contact within 48h before they tested positive.
18. A person that was tested for COVID-19?

*Close Contact:*

* *Household member.*
* *Intimate partner.*
* *Individual providing care in a household without using recommended infection control precautions.*
* *Individual who was directly coughed on.*
* *Individual who spent 15 minutes or more within 6 feet or less of the positive individual that did not wear a facemask to block respiratory secretions from contaminating others and the environment.*

*Employee allowed to return after approved by the local health provider/Department of Health or after employee has:*

* *NO fever for 72h (without the use of medications).*
* *NO other symptom when returning to work.*
* *10 days or more have passed since the symptoms first began.*

**Company:**

**Department:**

**Unit:**

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| **Employee:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date: May 2020** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| **Screener Initials** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Present/Absent** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fever (≥100.4⁰F) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Chills |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cough |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Shortness of Breath |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Chest Pain |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Tiredness |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bluish lips/face |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Muscle pain |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Runny nose |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sore throat |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Headache |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Lost smell/taste |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Gastrointestinal Problems |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Exposure: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Company**: C. V. Dairy Inc.

**Department:** Fresh Cheese

**Unit:** 3rd Shift Sanitation Team

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| **Employee:** Ted Brown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date: May 2020** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| **Screener Initials** | FC | FC | LL | LL | FC | FC | FC | FC | FC | FC | FC | FC | FC | FC | FC | LL | LL | LL | LL | TZ | FC | FC | FC | FC | FC |  |  |  |  |  |  |
| **Present/Absent** | P | A | A | P | P | P | P | P | P | P | A | P | A | A | A | A | A | A | A | A | P | P | P | P | P |  |  |  |  |  |  |
| Fever (≥100.4⁰F) | - |  |  | - | - | - | - | X | - | - |  | X | X |  |  |  |  |  |  |  | - | - | - | - | - |  |  |  |  |  |  |
| Chills | - |  |  | - | - | - | - | - | - | - |  | - |  |  |  |  |  |  |  |  | - | - | - | - | - |  |  |  |  |  |  |
| Cough | - |  |  | X | - | - | - | - | - | - |  | - | X |  |  |  |  |  |  |  | - | - | - | - | - |  |  |  |  |  |  |
| Shortness of Breath | - |  |  | - | - | - | - | - | - | - |  | - | *Not allowed until May 19th; call May 19* | | | | | | |  | - | - | - | - | - |  |  |  |  |  |  |
| Chest Pain | - |  |  | - | - | - | - | - | - | - |  | - |  |  |  |  |  |  |  |  | - | - | - | - | - |  |  |  |  |  |  |
| Tiredness | - |  |  | - | - | - | - | - | - | - |  | X |  |  |  |  |  |  |  |  | - | - | - | - | - |  |  |  |  |  |  |
| Bluish lips/face | - |  |  | - | - | - | - | - | - | - |  | - |  |  |  |  |  |  |  |  | - | - | - | - | - |  |  |  |  |  |  |
| Muscle pain | - |  |  | - | - | - | - | - | - | - |  | - |  |  |  |  |  |  | X |  | - | - | - | - | - |  |  |  |  |  |  |
| Runny nose | - |  |  | - | - | - | - | - | - | - |  | - |  |  |  |  |  |  |  |  | - | - | - | - | - |  |  |  |  |  |  |
| Sore throat | - |  |  | - | - | - | - | - | - | - |  | - | X |  |  |  |  |  |  |  | - | - | - | - | - |  |  |  |  |  |  |
| Headache | - |  |  | - | - | - | - | - | - | - |  | - | X |  |  |  |  |  |  |  | - | - | - | - | - |  |  |  |  |  |  |
| Lost smell/taste | - |  |  | - | - | - | - | - | - | - |  | - |  |  |  |  |  |  |  |  | X | - | - | - | - |  |  |  |  |  |  |
| Gastrointestinal Problems | - |  |  | - | - | - | - | - | - | - |  | - |  |  |  |  |  |  |  |  | - | - | - | - | - |  |  |  |  |  |  |
| Exposure: | - |  |  | - | - | - | - | - | - | - |  | - |  |  |  |  |  |  |  |  | - | - | - | - | - |  |  |  |  |  |  |

Comments: **May 4th**: Slight cough; says it started when he stopped smoking two weeks ago; allowed to work./ **May 8th**: First temperature check 100.8⁰F; says he was running to be on time, Second temperature check 99.5⁰F; allowed to work/ **May 12th**: Fever 101.5⁰F; able to bread but appears to be low on energy; sent home asked to call the doctor/ **May 13th**: Ted reported seeing a doctor (fever 101.8⁰F, asked to stay home, swab taken for testing), also developed sore throat, cough and headache / **May 14th**: Ted reported the test came back positive; asked to stay home and call back on May 19th / **May 19th** Ted reports the body temperature is back to normal, stopped taking Tylenol three days ago, some muscle ache still present; Ted talked to his doctor in the morning (allowed to go back to work when he feels he is ready); LL asked him to stay home until the muscle ache resolves and the Department of Health approves him coming back. / **May 20th**: Approved to come back to work on May 21st by the Department of Health. / **May 21st:** No symptoms; reports low appetite; allowed to work.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_