



DAVID BROWN, EXECUTIVE DIRECTOR

Employee Health-Screening Form

Employee	e name: _					
Job title:						
Superviso	or's name	:				
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Date	Body temp P/F	Respiratory symptoms? (Y/N)	Severe Cough (Y/N)	Loss of taste/smell (Y/N)	Exposed ? (Y/N)	Screened by
	_					
sent hom	ne immed	iately and the fo	ollowing co	ompleted:		neit, the employee must be
Are visibl	e signs/sy	mptoms of illne	ss present	?Yes	No	
An emplo	yee sent	home with a fev	er can retu	urn to work wh	en:	
d • A	uring tha ny sympt	has had no fever t time; AND oms have impro n days have pass	oved; AND			edication to reduce fever
symptom	s is not co		ure (i.e. inf			f the employee's fever or othe and provides a written release
Date the	employee	e returned to wo	ork:			