



# COVID-19 Workplace Health Screening

Company Name: LifeWays Community Mental Health

Employee: \_\_\_\_\_

## In the last 24 hours, have you experienced:

Subjective fever (felt feverish):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chills:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New or worsening cough:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shortness of breath:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore throat:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Loss of smell or taste:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Runny nose or congestion:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Muscle aches that are not explained by activity:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Unexpected fatigue:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nausea:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vomiting:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diarrhea:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answer “yes” to any of the symptoms listed above, or your temperature is **100.4°F or higher**, please do not go into work and do the following:

- Self-isolate at home.
- Contact your Primary Care Provider or a local test center within a 24-hour period (i.e., Henry Ford Allegiance Health or Center for Family Health) to be tested and do not return to work until you receive direction or approval from a medical provider.
- Notify your Supervisor and the Human Resources Department.

## In the past 14 days, have you:

Had close contact with an individual diagnosed with COVID-19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Traveled via airplane internationally or domestically and have symptoms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answer “yes” to either of these questions:

- Please do not go into work.
- Self-isolate at home for 14 days.
- Contact your medical provider within a 24-hour period if you have symptoms or have had close contact with an individual for evaluation. If you are given a probable diagnosis or test positive call your local health department to ensure they are aware.
  - Jackson County Health Department: (517) 788-4420, Opt. 9
  - Branch-Hillsdale-St. Joseph Community Health Agency: (517) 437-7395
- Notify your Supervisor and the Human Resources Department.

## Return to Work:

Return to work will be based on CDC Guidelines. Those strategies include either symptom-based strategy or Test-based strategy :

- Symptom-based Strategy: At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and, at least 10 days have passed since symptoms first appeared.
- Test-based Strategy: Symptom-based Strategy **and** tests negative twice, a minimum of 24 hours apart, for COVID-19.
- Asymptomatic (no symptoms, but test positive): tests negative twice, a minimum of 24 hours apart, for COVID-19.

Please contact the Human Resources Department with questions.