



**COVID-19 WORK SCREEN WELLNESS
CHECK
(HEATH QUESTIONNAIRE)**

EMPLOYEE NAME: _____ DATE: _____

TIME: _____ TEMPERTURESCAN: _____

To ensure the safety and well-being of everyone entering the workplace please answer the following questions.

1. Do you have any of the following symptoms: fever/feverish, new or existing cough or difficulty breathing?

YES / NO: _____

2. Have you travelled internationally or out of state within the last days 14, for reasons other than approved essential work purposes?

YES / NO: _____

3. Have you had close contact with a confirmed or probable COVID19 case?

YES / NO : _____

4. Have you had close contact with a person with acute respiratory illness in the last 14 days?

YES / NO : _____

If you answered Yes to any of the above questions, please self-quarantine and call your local health care provider for further direction.

If you develop any of these symptoms, it is your responsibility to notify the HR manager immediately and follow proper protocol.

HR MGT SIGNATURE : _____

DATE SIGNED: _____

EMPLOYEE SIGNATURE: _____

DATE SIGNED: _____



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INSTRUCTIONS FOR RECALLING EMPLOYEES TO WORK:

- Employee/visitor is called at home and the questionnaire is reviewed over the phone. Before each shift/visit till further notice.**
- If the employee answers NO to all the questions, they may report for shift.**
- When the employee/visitor reports to work they must check in to the screening station and review the health questionnaire again and sign off. Each employee/visitor will need to take a temperature scan before starting each shift.**
- If the employee/visitor answers YES to any of the questions, re direct them to self-quarantine and have them call their health care provider for further direction.**
- Kinnie Employee/visitor will be provided with proper PPE (mask,gloves) if they do not have their own.**