

Worksite Daily Screening Checklist

Employee/Visitor Name: _____ Date: _____

1. Do you have any of the following symptoms: fever at or above 100.3°F, cough, shortness of breath, sore throat, diarrhea, runny nose, congestion, or new muscle aches not attributable to another condition?
2. Have you been in close contact with anyone that has been diagnosed with COVID-19?
3. Have you traveled internationally or domestically in the last 14 days?

If yes is answered to any of the above questions, the employee must be sent home. Use the following to determine the length of absence:

- At least 7 days after first symptom AND 3 days after improving symptoms AND 3 days with no fever (without medication)
- 14 days if close contact with a diagnosed case of COVID-19
- 14 days following travel

Please contact the project supervisor to let them know if an employee or visitor is being sent home for any of the above-stated reasons.

Employee/Visitor Signature: _____

Screener Signature: _____

Date: _____