**COVID-19 Employee/Visitor/Vendor Screening Form**

Today’s Date:

Name:

Home city/county/state:

Project Name:

Contractor:

Employers should ask the following questions to all employees, visitors and vendors prior to allowing access to the workplace and/or jobsite.

1. Have you traveled internationally in the past 14 days?

Yes No

1. Have you come into close contact (within 6 feet) with someone who has a suspected or confirmed COVID – 19 diagnosis in the past 14 days either at home or on a jobsite, etc.?

Yes No

1. Have you had a fever (greater than 100.4 F or 38.0 C) OR symptoms of lower respiratory illness such as cough, shortness of breath, or difficulty breathing in the past 14 days?

Yes No

1. Are you currently experiencing a fever (greater than 100.4 F or 38.0 C) OR symptoms of lower respiratory illness such as cough, shortness of breath, or difficulty breathing?

Yes No

**\*NOTE:**

If an employee, visitor or vendor answer ‘Yes’ to questions 1, ask them to leave the workplace or jobsite immediately and self-isolate and self-monitor for 14 days.

If an employee, visitor or vendor answer ‘Yes’ to questions 2, ask them to leave the workplace or jobsite immediately and self-isolate and self-monitor for 14 days from last contact. If contacted by a contact tracer employee is allowed to return to workplace or jobsite once the contact tracer has said they may return.

If an employee, visitor or vendor answer ‘Yes’ to questions 3 or 4, ask them to leave the workplace or jobsite immediately and seek medical evaluation. Employee, visitor or vendor may return to work or the jobsite after a self-quarantine is completed for at least 10 days since symptoms first began and 3 days (72 hours) after symptoms resolve.

**Sign In:**

Employees Signature: Date:

**Sign Out:**

Has your health status changes during your work shift? Yes No

Employees Signature: Date: