



HEALTH AND HUMAN SERVICES DEPARTMENTS
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 220 N Spruce St., Gunnison, CO 81230
 Website: <https://covid19.gunnisoncounty.org/>

COVID-19 Employee Health Screening Form for Onsite Screening

Employer Name _____

Person Completing Form _____

Date _____

Screen each employee for symptoms before they start their shift. Circle an answer (y=yes, n=no) for each symptom for each employee. If an employee reports any of the symptoms:

1. Send employee home immediately.
2. Increase cleaning in your facility and ensure staff are least 6 feet apart from one another.
3. Exclude employee until they are fever-free (without medication) for 72 hours and 10 days have passed since their first symptom unless they have a clear alternative diagnosis from a medical provider..
4. If multiple employees have symptoms, contact your local health department.

Employer, retain these forms in a secure place for three months, and provide the forms upon request from public health agencies.

EMPLOYEE NAME	Manager Initials	Temperature Exclude if 100.4°F or above	CHECK SYMPTOMS DAILY, BEFORE STARTING SHIFT						
			Cough	Shortness of breath or difficulty breathing	Chills	Muscle aches	Sore throat	New loss of taste or smell	
		° F	Y N	Y N	Y N	Y N	Y N	Y N	Y N
		° F	Y N	Y N	Y N	Y N	Y N	Y N	Y N
		° F	Y N	Y N	Y N	Y N	Y N	Y N	Y N
		° F	Y N	Y N	Y N	Y N	Y N	Y N	Y N
		° F	Y N	Y N	Y N	Y N	Y N	Y N	Y N
		° F	Y N	Y N	Y N	Y N	Y N	Y N	Y N
		° F	Y N	Y N	Y N	Y N	Y N	Y N	Y N
		° F	Y N	Y N	Y N	Y N	Y N	Y N	Y N