

COVID-19 Screening Questionnaire

In compliance with Emergency Order (2020-5) for Control of Pandemic issued by the Oakland and Wayne County, Michigan Health Division Health Officer, as well as a way for control of pandemic for the entire state of Michigan, the Company requires all on-site employees to answer the following questions on a daily basis.

TO BE COMPLETED BY THE EMPLOYEE

Employee Name: _____ **Date:** _____

1. Please indicate whether you have any of the following symptoms:

Fever Shortness of Breath Diarrhea
 Cough Sore Throat

2. Have you been in close contact in the last 14 days with someone with a diagnosis of COVID-19?

Yes No

3. Have you travelled internationally or domestically in the last 14 days?

Yes No

TO BE COMPLETED BY A COMPANY REPRESENTATIVE

1. Does the Employee indicate having one of the symptoms identified in Question 1?

Yes No

If “Yes,” please instruct the Employee to leave and stay home from work until the Employee has been without a fever for 3 days and 7 days have elapsed since the Employee’s first symptom.

2. Has the Employee answered “Yes” to Questions 2 or 3?

Yes No

If “Yes,” please instruct the Employee to leave and stay home from work until 14 days have elapsed from the date of close contact or date of travel.

If the answer to both questions is “No,” the Employee may remain at the workplace.

I affirm that I have complied with the course of action stated above.

_____ **Date:** _____

Company Representative Signature