



COVID 19 Self Certification Health Form

This must be completed by all employees and visitors entering our facilities each day!

As recommended by the CDC and as mandated by certain cities, counties and other jurisdictions, on a daily basis, every employer is required to screen each employee upon arrival at work for febrile respiratory illness. A "febrile respiratory illness" is defined as a new or worsening episode of either cough or shortness of breath, present with fever (temperature of 100.4 degrees or higher) or chills in the previous 24 hours.

Please answer the following:

1. Do you currently have a fever? Yes No
2. Do you have any of the following respiratory symptoms? Yes No
If yes, check the symptom(s): Cough (productive of dry) Sore Throat Runny nose
3. Have you had close, unprotected contact with a suspected or known COVID-19 patient (spent longer than 15 minutes within 6 ft. of someone who was sick with a fever/cough)?
 Yes – Go home immediately and self-isolate for 14 days if asymptomatic
 No – Continue to next question
4. Have you had a subjective or documented fever **AND** any of the above respiratory symptoms **OR** close contact with COVID-19 patient noted above? Yes No
If yes, go home immediately and self-isolate until you are asymptomatic for 3 days without the use of any medications and it has been 7 days since the first day of your symptoms (whichever is longer).
5. If you responded **NO** to questions 1, 2, 3 & 4 you may remain at work. However, please remember the following guidelines:
 - Wash your hands with soap and water or use an alcohol based sanitizer before starting work and frequently throughout the day.
 - Practice social distancing, sit or stand at least 6 ft. from others; do not shake hands or hug people and do not share food or beverages.
 - Sanitize you work area before leaving work.
 - Let us know immediately if you start to feel feverish of have respiratory symptoms.

Print your name

Company (if not yours)

Signature

Today's date