Employee Health Screening Form

Employee Name:

Please complete this form before you start your shift and after you complete each shift.

- If you answer "Yes" to a combination of two of any of the following, please notify your supervisor and leave immediately: Fever, cough, shortness of breath, chills, runny nose, head/body aches, sore throat, nausea/vomiting, sudden loss of taste or smell, diarrhea.
- **Temperature: 100.4 is automatic "No GO."**
  If temperature is 99.2 or higher, but less than 100: begin monitoring your temperature twice a day for a minimum of 7 days to determine if your temperature is going up or down. You should notify your supervisor.

Put an X in the box for each symptom you are experiencing. If you are experiencing two or more of these symptoms, contact your healthcare provider about COVID-19 testing.

DATE	BEFORE STARTING SHIFT											INITIALS
	Fever	Cough	Shortness of breath	Chills	Runny Nose	Head/ body aches	Sore throat	Nausea, vomiting	Sudden loss of taste or smell	Diarrhea	OTHER SYMPTOMS	

Kansas
Department of Health and Environment