



**Calhoun County Human Resources**  
 315 W. Green St., Marshall, MI 49068  
 Phone: 269-781-0992

**Calhoun County Public Health Department**  
 190 E Michigan Ave., Battle Creek, MI 49014  
 Phone: 269-969-6370

## COVID-19 Employee Screening Questionnaire

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

### In the past 24 hours, have you experienced:

Any new or unexpected symptoms from the following list (Group A):

Fever (above 100.4 °F):	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Current Temperature: _____ °F
Shortness of Breath:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Continuous Cough:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
New/Loss of Taste or Smell:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

Have you have been exposed to a COVID-19 person?  Yes  No *(An immediate family member has tested positive for or exhibited symptoms of COVID-19; or you were notified by a public health official that you were in close contact with someone testing positive for COVID-19)*

**If you answered yes to any of the above symptoms, it is considered a suspected case of COVID-19.**

Any two (2) new or unexpected symptoms from the following list (Group B):

Chills/Repeated Shaking w/Chills:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Muscle Aches and Pain:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Headache:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Sore Throat	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Fatigue/Lethargy/Weakness	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Nausea/Vomiting	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

**If you answered yes to any two (2) of the symptoms, it is considered a suspected case of COVID-19.**

If the employee believes they qualify as a Suspected Case (as described above), the employee should stay home and must:

- Immediately notify supervisor and/or Human Resources COVID-19 coordinator;
- Follow guidance from the Public Health Department, such as self-quarantine for 14 days;
- Seek immediate medical care and be tested.

If the employee successfully meets the screening criteria and is not believed to be a Suspected Case (as described above), the employee must check and sign below:

\_\_\_\_\_ Yes, I will wear a face covering while in any public spaces within the premises or in any space where there is two or more people present.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_