

Sample Employee COVID-19 Health Screening Questionnaire



Instructions for Employers

Employers who fall under the scope of the Occupational Safety and Health Administration (OSHA) COVID-19 Emergency Temporary Standard (29 CFR 1910, subpart U) are required to screen employees before each work day and each shift for COVID-19 symptoms. Each employer will determine what type of screening process will be used for their worksite.

There are many ways to communicate and implement an employee screening process. For example:

- Asking employees to self-monitor at home before reporting to work;
- Providing an online screening tool, if feasible;
- Having employees stationed at each entrance asking health screening questions;
- Maintaining an “employee only” entrance to perform screening.

The following sample questions may be used by employers to screen their employees for COVID-19 symptoms or develop screening protocols.

The Healthcare ETS requires employers to remove from the workplace employees who are COVID-19 positive, suspected to have COVID-19 or experiencing certain symptoms (recent loss of taste and/or smell with no other explanation or both fever ($\geq 100.4^{\circ}\text{F}$) and new unexplained cough associated with shortness of breath), or have been in close contact with a COVID-19 positive person in the workplace. For more information on what is required by OSHA, please refer to 29 CFR 1910, subpart U available at www.osha.gov/coronavirus/ets.

Sample Questions for Employees

Please read each question carefully and circle the answer that applies. No health information or questionnaire answers will be shared with anyone outside of your organization.

Have you experienced any of the following symptoms of COVID-19 within the last 48 hours?		
• Fever or chills	Yes	No
• Cough	Yes	No
• Shortness of breath or difficulty breathing	Yes	No
• Fatigue	Yes	No
• Muscle or body aches	Yes	No
• Headache	Yes	No
• New loss of taste or smell	Yes	No
• Sore throat	Yes	No
• Congestion or runny nose	Yes	No
• Nausea or vomiting	Yes	No
• Diarrhea	Yes	No

Have you tested positive for COVID-19 in the past 10 days?	Yes	No
Are you currently awaiting results from a COVID-19 test?	Yes	No
Have you been diagnosed with COVID-19 by a licensed healthcare provider (for example, a doctor, nurse, pharmacist, or other) in the past 10 days?	Yes	No
Have you been told that you are suspected to have COVID-19 by a licensed healthcare provider in the past 10 days?	Yes	No

Daily monitoring for potential COVID-19 symptoms is important to track your current health status. If you experience new symptoms, consider seeing your healthcare provider or getting a test for COVID-19, especially where you may have had potential exposures to COVID-19.

You should also monitor your health and consider consulting your primary care physician after testing positive for COVID-19.

You **MUST** inform your supervisor if you:

- Receive a confirmed positive COVID-19 test result;
- Have been diagnosed with COVID-19 by a licensed healthcare provider;
- Have been told you are suspected to have COVID-19 by a licensed healthcare provider;
- Experience new loss of taste and/or smell with no other explanation; or
- Experience both fever ($\geq 100.4^{\circ}$ F) and new unexplained cough associated with shortness of breath

This document is intended to provide information about the COVID-19 Emergency Temporary Standard. The Occupational Safety and Health Act requires employers to comply with safety and health standards promulgated by OSHA or by a state with an OSHA-approved state plan. However, this document is not itself a standard or regulation, and it creates no new legal obligations.