



**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  
 If yes, have you been fully vaccinated  Yes  No

*If you have been fully vaccinated, then you are not required to quarantine due to the exposure.*

*Exposure to COVID-19 person - An immediate family member has tested positive for or exhibited symptoms of COVID-19; or you were notified 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.

Chills/Repeated Shaking w/Chills:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Any two (2) new or unexpected symptoms from the following list (Group B):
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 Return to Work Requirements in Appendix B of the Temporary Requirements for Protective Safety Measures Policy

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: \_\_\_\_\_