

## Screening for COVID-19 Risk

Company Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Employee Name: \_\_\_\_\_ Time In: \_\_\_:\_\_\_

**Have you experienced any of the following in the past 24 hours:**

Fever (100.4 F + or felt feverish)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shortness of breath	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cough (new onset cough or worsening cough)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sore throat	<input type="checkbox"/> Yes <input type="checkbox"/> No
Severe headache	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chills	<input type="checkbox"/> Yes <input type="checkbox"/> No
Muscle pain	<input type="checkbox"/> Yes <input type="checkbox"/> No
Loss of taste or smell	<input type="checkbox"/> Yes <input type="checkbox"/> No

**In the past 14 days:**

Household member who tested positive for COVID-19	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact with someone exhibiting any of these symptoms	<input type="checkbox"/> Yes <input type="checkbox"/> No

**\*\* In some instances, people may have a sore throat, severe headache, chills, muscle pain, or loss of taste or smell.**

If you answer **“yes”** to any of the symptoms listed above, or your temperature is **100.4 F or higher**, please do not go into work.

- Isolate yourself at home
- *Get tested* (Contact your doctor or call one of the following testing sites)

For questions visit [www.miottawa.org/mihealth](http://www.miottawa.org/mihealth) or contact the Ottawa County Department of Public Health at 616.396.5266.

### Need Testing?

**Holland Hospital:**  
(616) 394-2080

**North Ottawa Community Hospital:**  
(616) 935-7810

**Spectrum Health:**  
(616) 391-2380