

APPENDIX B

City of Battle Creek

COVID-19 Essential Workplace Screening Tool

Employee Name:	
Date:	Time In:

In the past 24 hours, have you experienced:

Fever (100.4° F or higher) or chills

New uncontrolled cough:

Shortness of breath:

New loss of taste or smell:

Current Temperature _____°F

Yes No

Yes No

Yes No

Yes No

You have been in close contact with a person with COVID-19? Yes No

(for 15 minutes total or more, you have been within 6 feet of someone who has tested positive or displays the principle symptoms of COVID-19, within 48 hours of the onset of their illness or symptoms; or you were notified by a public health official that you were in close contact with the someone testing positive for COVID-19).

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

Muscle pain or body aches including abdominal pain:

Sore throat:

Fatigue:

New onset of a severe headache:

Congestion or runny nose:

Nausea or vomiting:

Diarrhea:

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

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

If you qualify as a suspected case as described above or your temperature is 100.4° F or higher, you will not be permitted to enter the premises. Immediately notify your Supervisor **and** contact Human Resources. Self-isolate at home and seek immediate medical care and advice.

- If quarantined, by a public health official, remain so until released by the public health official otherwise, remain home until no longer infectious according to the latest CDC [guidelines](#).

If you answered "no" to all of the above, please check and sign below prior to entering the workplace:

____ I will wear a face covering while in any public spaces within the premises.

Employee Signature _____