



Delaware General Health District
Dedicated to your health

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Health Commissioner

Delaware General Health District

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COVID-19 Employer Monitoring Form

Date: _____ Person Completing This Form: _____

Ill Employee Name: _____

Interview Questions

1. What was your temperature this morning? _____ Fahrenheit/Celsius (circle one).
2. What was your temperature last night? _____ Fahrenheit/Celsius/unknown (circle one).
3. Have you had any of the following symptoms?

A List Symptoms

- Persistent, New or Worsening Cough
- Shortness of Breath/Dyspnea
- Difficulty Breathing

B List Symptoms

- Fever (100.4 F or higher, or subjective)
- Chills
- Rigors (a feeling of cold with shivering)
- Myalgia (muscle pain)
- Headache
- Sore Throat
- New loss of smell/taste

Other Symptoms: _____

4. When did the symptoms start? _____

5. Have you taken any medications? _____

6. Are you feeling better, worse, or about the same as yesterday? _____



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Interviewer Guidance if Symptoms are Reported

Note: This is a guide. Some symptoms of COVID-19 are also common symptoms of other infections. If in doubt, consult with a healthcare provider.

1. Does employee report these are normal symptoms for him/her? If yes, return to work. If no, continue.
2. Does the employee have a diagnosis from a healthcare provider that would otherwise explain the symptoms? If yes, return to work. If no, continue.
3. Does the employee have any **1** *A List Symptom*? If no continue; if yes, suggest employee stays home for the longer of:
 - a. 10 days after symptoms began,
 - b. 1 days after symptoms begin improving, or
 - c. 1 days of no fever.
4. Does the employee have any **2** or more *B List Symptoms*? If no, return to work; if yes, suggest employee stays home for the longer of:
 - a. 10 days after symptoms began,
 - b. 1 days after symptoms begin improving, or
 - c. 1 days of no fever.