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? ________________________________
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 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.