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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 (should be acute onset or worsening)

- Cough
- Shortness of breath/dyspnea
- Difficulty breathing
- Loss of smell
- Loss of taste
- Confusion or change in mental status
- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone
- Inability to wake or stay awake

B List Symptoms (should be acute or worsening)

- Fever (100.4 F or higher, or subjective)
- Chills
- Rigors (a feeling of cold with shivering)
- Myalgia (muscle pain)
- Headache
- Sore throat
- Nausea or vomiting
- Diarrhea
- Fatigue
- Congestion or runny nose

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 known exposure to a case of COVID-19?
4. Does the employee have any **1** *A List Symptom*?
 - a. If no continue to question 5.
 - b. If yes, but no known exposure, suggest the employee be tested for COVID-19.
 - c. If yes and the employee has a known exposure (or a positive test) s/he would qualify as a case of COVID-19.
 - i. Notify the Health District and employee should stay home for the longer of:
 1. 10 days after symptoms began,
 2. 1 days after symptoms begin improving, or
 3. 1 days of no fever.
5. Does the employee have any **2** or more *B List Symptoms*?
 - a. If no, return to work.
 - b. If yes, but no known exposure, suggest the employee be tested for COVID-19.
 - c. If yes and the employee has a known exposure (or a positive test) s/he would qualify as a case of COVID-19.
 - i. Notify the Health District and employee should stay home for the longer of:
 1. 10 days after symptoms began,
 2. 1 days after symptoms begin improving, or
 3. 1 days of no fever.

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