COVID – 19 Virus Employee/Visitor/Vendor Screening Form

Today’s Date: __________________________
Employee Name: __________________________
Employee Address: __________________________
Project Name: __________________________
Contractor: __________________________

*Employers should ask the following questions to all employees, visitors and vendors prior to allowing access to the workplace and/or jobsite. THE QUESTIONS SHOULD BE ASKED IN PRIVATE & ANSWERS KEPT CONFIDENTIAL.*

1. Have you traveled to a county or area that has a travel warning of level 2 or 3 as listed by the CDC in the past 14 days?  
   [ ] Yes  [ ] No  
   If so, where have you traveled? __________________________
   What was your date of return? __________________________

2. Have you, or anyone in your family, come into close contact (within 6 feet) with someone who has a suspected or confirmed COVID – 19 diagnosis in the past 14 days either at home or on a jobsite, etc.?
   [ ] Yes  [ ] No

3. Have you had a fever (greater than 100.4 F or 38.0 C) OR symptoms of lower respiratory illness such as cough, shortness of breath, or difficulty breathing in the past 14 days?
   [ ] Yes  [ ] No

4. Are you currently experiencing a fever (greater than 100.4 F or 38.0 C) OR symptoms of lower respiratory illness such as cough, shortness of breath, or difficulty breathing?
   [ ] Yes  [ ] No

*NOTE: If an employee, visitor or vendor answers ‘Yes’ to any of the above questions, ask them to leave the workplace or jobsite immediately and seek medical evaluation.*

Sign In:
Employee’s Signature: __________________________ Date: __________________________

Sign Out:
Has your health status changes during your work shift?  [ ] Yes  [ ] No
Employee’s Signature: __________________________ Date: __________________________

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