

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? [CDC Travel Warnings](#)

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: _____