



# Pre-Entry Employee Covid-19 Self-Screening

## Required Screening Questions:

1. Do you have any of the following NEW or WORSENING acute respiratory symptoms?  
(Fever, Cough, Difficulty Breathing)
2. Have you had close contact with a confirmed or probable case of COVID-19 in the past 14 days?
3. Have you travelled outside of the country in the past 14 days?  
(Excluding business trips in the capacity of an essential worker)

If you answer **NO to all questions from 1 through 3**, print your name/employee #, sign and date. You are **permitted to enter** the workplace.

\_\_\_\_\_  
Print Name/Employee #

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

*\*If you fill out a hard copy of the form, please **turn this form in to your Supervisor** as proof of daily active screening.*

## **ATTENTION:**

If you answer **YES to any questions from 1 through 3**, you are **not permitted** to enter the workplace. You should return home to self-isolate immediately. Report to your employer and contact your health care provider to find out if you need a Covid-19 test. If being tested, you must not return to work until negative result is confirmed.