

COVID-19 Daily Workplace Health Screening

(To be completed prior to entering the workplace)

Employee Name:

AUID#:

Department:

Date/Time:

Step 1: Complete Health Screening (prior to entering the workplace)

In the past 14-days, have you had any of the following symptoms develop or worsen with no other known cause: <i>fever/feverish, chills, dry cough, difficulty breathing, acute loss of taste or smell, or digestive symptoms such as diarrhea, vomiting, and abdominal pain?</i>	Yes	No
In the past 14-days, have you had close contact with a confirmed/probable COVID-19 case?	Yes	No
Employee Temperature: ≥100.4°F?	Yes	No

Step 2: Submit form to supervisor (regardless of answer)

Coordinate with supervisor on form submission (email/hard-copy)

*If you answered **YES** to any question, proceed to **Step 3***

Step 3: If you have answered yes to any of the Step 1 questions:

- Do not go into work today. Self-isolate at home and notify your supervisor
- Provide your supervisor with a **Recent On-Campus Activities Report** (pg. 2)
- Contact your healthcare provider (HCP) and/or the Berrien County Health Dept. (BCHD)
- Coordinate return-to-work plan with HCP/BCHD and your supervisor

Supervisors:

- This daily form must be kept on record for each employee.
- If employee answered yes or did not complete this form, notify Human Resources

Contact Information:

Office of Human Resources: hr@andrews.edu

Berrien County Health Department: 1-800-815-5485 | www.bchdmi.org/COVID19

Recent On-Campus Activities Report

Day	Work Times <i>(Start/Stop)</i>	Work Locations <i>(Buildings/Rooms)</i>	Interacted with <i>(Names)</i>	Other activities
Yesterday				
2-Days ago				
3-Days ago				
4-Days ago				