

# COVID-19 Workplace Health Screening

DHD2 (01/05/22)

In the last 10 days have you developed any one of the following symptoms that are new / different / worse from baseline of any chronic illness: I.E. allergies, COPD

Any 1 of these:

A – New loss of or change in taste or smell

B – New or worsening cough

C - Shortness of breath or difficulty breathing

D – Fever (100.4 +)

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(2 or more of these) that are new / different / worse from baseline of any chronic illness: I.E. allergies, COPD, IBD

E - Chills

F – Uncontrollable shivering or sweating

G - Headache

H – Sore throat

I – Runny nose or congestion

J – Muscle aches

K – Fatigue

L – Nausea or vomiting

M- Diarrhea

In the past 10 days, have you:

Had close contact with an individual diagnosed with COVID-19?

If you answered YES to one major symptom or to two minor symptoms that you CANNOT explain due to an existing condition, do not go into work. Notify management and self-quarantine.