

**APPENDIX B**

*City of Battle Creek*

**COVID-19 Essential Workplace Screening Tool**

Employee Name:	
Date:	Time In:

**In the past 24 hours, have you experienced:**

Fever (100.4° F or higher) or chills

New uncontrolled cough:

Shortness of breath:

New loss of taste or smell:

Current Temperature \_\_\_\_\_°F

Yes    No

Yes    No

Yes    No

Yes    No

**In the past 14 days** you have been exposed to a person with COVID-19?    Yes    No

(For 15 minutes total or more, you have been within 6 feet of someone who has tested positive, within 48 hours of the onset of their illness; or you were notified by a public health official that you were in close contact with the someone testing positive for COVID-19).

*If you answered yes to any of the principal symptoms of COVID-19 above, it is considered a suspected case of COVID-19.*

Muscle pain or body aches including abdominal pain:

Sore throat:

Fatigue:

New onset of a severe headache:

Congestion or runny nose:

Nausea or vomiting:

Diarrhea:

Yes    No

*If you answered yes to any two (2) of the principal symptoms of COVID-19 above, it is considered a suspected case of COVID-19.*

If you qualify as a suspected case as described above or your temperature is 100.4° F or higher, you will not be permitted to enter the premises. Immediately notify your Supervisor **and** contact Human Resources. Self-isolate at home and seek immediate medical care and advice.

- If quarantined, by a public health official, remain so until released by the public health official otherwise, remain home until no longer infectious according to the latest CDC [guidelines](#).

**If you answered "no" to all of the above, please check and sign below prior to entering the workplace:**

\_\_\_\_\_ I will wear a face covering while in any public spaces within the premises.

Employee Signature \_\_\_\_\_