

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

Atypical/new uncontrolled cough:

Atypical/new onset of Shortness of breath:

Current Temperature _____°F

Yes No

Yes No

Yes No

You have been in close contact with 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 for COVID-19, within 48 hours of the onset of their illness or symptoms regardless of whether the contact was wearing a mask; 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 (Note: Fully vaccinated workers that are asymptomatic are exempt from quarantine requirements when identified as a close contact).

Loss of taste or smell:

Muscle pain or body aches including abdominal pain:

Sore throat:

New onset of severe headache

Nausea or vomiting:

Diarrhea:

Yes No

Yes No

Yes No

Yes No

Yes No

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.

____ I am fully vaccinated and thus exempt from face covering requirements.

Employee Signature _____