

# Employee COVID-19 Screening Questionnaire

To reduce the risk of spread of COVID-19 in the workplace, employees should be screened prior to entering work. Employees can self-screen in advance of work and on site.

## PRIOR TO COMING TO WORK TODAY, HAVE YOU...

1. Newly experienced any of the following symptoms that cannot otherwise be attributed to another condition?
  - Fever (100.0 F or higher)
  - Loss of taste or smell
  - Shortness of breath or difficulty breathing
  - Headache
  - Cough
  - Sore throat
  - Chills
  - Fatigue
  - Muscle pain or aches
  - Nausea, vomiting or diarrhea
  - Runny nose or congestion
2. Tested positive for, or have been diagnosed by a healthcare provider, with COVID-19 within the past 10 days?
3. Been advised by a healthcare provider or a public health agency to self-quarantine within the last 14 days?
4. Had close contact with someone experiencing symptoms, or someone with known exposure to COVID-19?
5. Been tested and are awaiting results after experiencing symptoms of COVID-19 or have been in close contact with someone positive for COVID-19 or who was experiencing symptoms?
6. Traveled outside of Massachusetts without quarantining for 14 days and/or received a negative COVID-19 test result?

**If you answered yes to any of the above, do not come into work. Notify your supervisor and/or HR.**

**Employers should not require a COVID-19 test result or a healthcare provider's note for employees who are sick to validate their illness, qualify for sick leave, or to return to work.**

