

COVID Return to Work

Medical Screening Questionnaire

1. Have you had any COVID -19 symptoms; cough, shortness of breath, difficulty breathing, fever (temperature at or above 100.4 degrees), chills, repeated shaking with chills, muscle pains, headache, sore throat, or the new loss of taste or smell? Please disregard conditions you are previously aware of such as asthma etc.
   1. If no, go to step 2
   2. If yes, email HR regarding your illness and contact your supervisor regarding the potential to work from home, take PTO or unpaid time.
2. Within the last 14 days, have you been in close contact with anyone who has been diagnosed with or who has symptoms that suggest they might have COVID-19?
   1. If no, go to step 3
   2. If yes, email HR regarding your exposure to COVID – 19 and contact your supervisor regarding the potential to work from home, take PTO or unpaid time.
3. Have you been diagnosed with COVID-19 by either a positive test or a health care professional and have not already quarantined yourself for the required period?
   1. If no, take your temperature before reporting to work each day to ensure it is below 100.4 degrees.
   2. If yes, notify HR regarding your illness. Contact your supervisor regarding the potential to work from home, take PTO or unpaid time. You may also contact HR regarding eligibility for paid federal leave. Employees diagnosed with COVID-19 will be required to self-quarantine for a minimum of 14 days and are not permitted to enter the shelter under any circumstances.

An employee sent home with a fever can return to work when:

* He or she has had no fever for at least three days without taking medication to reduce fever during that time; AND
* Any respiratory symptoms (cough and shortness of breath) have improved for at least three days

The employee may return to work earlier if a doctor confirms the cause of the employee's fever or other symptoms is not COVID-19 and provides a release for the employee to return to work.