

**[CREDIT UNION]  
EMPLOYEE COVID-19 Screening Questionnaire**

Name:

Job Title:

Date:

Temperature:

In the last 14 days, have you traveled outside of the County, State, or Country? Yes/No

Have you traveled outside the County or State since your last day at work? Yes/No

In the last 48 hours have you had any of the following symptoms: Fever of 100.4 F or above, possible fever symptoms like alternating shivering and sweating, cough, trouble breathing, shortness of breath or severe wheezing, sore throat, diarrhea, body aches, fatigue, loss of taste/smell or change in taste/smell, congestion, or eye drainage? Yes/No

If yes, please list your symptoms:

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Have you been exposed to someone that tested positive for COVID-19, is currently being testing, or who has symptoms compatible with COVID-19 (exposure means being within 6 feet of that person for over 5 minutes or having direct contact with their mucus or saliva)? Yes/No

Are any members of your household in quarantine due to exposure to COVID-19? Yes/No

If you have answered Yes to any of the above questions:

- Please remain home or leave work immediately and contact your supervisor.
- Contact your health care provider for advice if you get new symptoms or if you have had close contact or live with someone with lab-confirmed COVID-19.
- This questionnaire is not meant to take the place of consultation with your health care provider or to diagnose or treat conditions. If you're in an emergency medical situation, call 911 or your local emergency number.
- Please do NOT visit a medical facility unless you are severely ill. Call ahead to let the facility know why you are coming. Meanwhile, don't get close to anyone with a compromised immune system or other underlying condition.
- Don't return to work until you are able to answer No to all of the above questions.

*I certify that the above responses are true and accurate. I understand I have the responsibility to immediately notify my supervisor should my response to this questionnaire change.*

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Employee Signature