**Sample**

**COVID-19 Response Plan: Employee Health Survey**

Office Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**As recommended by the CDC, all employees are required to complete this Health Assessment questionnaire prior to returning to work to ensure the health and wellbeing of everyone. You are required to answer truthfully with a “Yes” or “No” answer to the below questions prior to returning to work.**

1. **Are you currently experiencing any symptoms related to COVID-19? According to the CDC these symptoms include:**
   * Cough
   * Shortness of breath or difficulty breathing
   * Fever
   * Chills
   * Muscle pain
   * Sore throat
   * New loss of taste or smell

**Answer: YES\_\_\_\_\_\_ NO\_\_\_\_\_\_\_**

1. **Have you been in close contact with anyone diagnosed with or who has symptoms that suggest they might have COVID-19 within the last 14 days?**

**Answer: YES\_\_\_\_\_\_ NO\_\_\_\_\_\_\_**

1. **If previously diagnosed with COVID-19:** I agree that I have had no fever for at least 72 hours (that is three full days of no fever without the use medicine that reduces fevers); AND respiratory symptoms have improved; AND at least 10 days have passed since symptoms first appeared.

**Answer: YES\_\_\_\_\_\_ NO\_\_\_\_\_\_\_**

**By acknowledging the above and signing below, you agree this form has been answered truthfully and that you will immediately notify Human Resources if you experience any of the symptoms above at any point while at home or at your office location, or if you are in close contact with anyone diagnosed with COVID-19 or displaying symptoms.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* (Company Name) complies with federal, state and local laws and regulations regarding confidentiality. (Company Name) will keep any medical information (including temperature logs, testing and medical information) separate and confidential from employees’ personnel files.

**This Employee Survey must be returned to Human Resources.**