

Covid-19 Daily Employee Health Screening Questions

Follow the question steps:

A. Do you have any of the following symptoms?

- YES NO 1. Fever of 100.4 degrees or higher? (as measured by a touchless thermometer if available, but a verbal confirmation of lack of fever is sufficient if a touchless thermometer is not available)
- YES NO 2. Cough? (excluding chronic cough due to a known medical reason other than COVID-19)
- YES NO 3. Shortness of breath?
- YES NO 4. Sore throat?
- YES NO 5. Diarrhea? (excluding diarrhea due to a known medical reason other than COVID-19)

B. Have you travelled internationally or outside of Michigan in the last 14 days, excluding commuting from a home location outside of Michigan? For purposes of this order, commuting is defined as traveling between one's home and work on a regular basis.

YES NO

C. Have you had any close contact in the last 14 days with someone with a diagnosis of COVID-19?

YES NO