To protect everyone, including staff, we are asking all employee to complete the following questionnaire.

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness.

Symptoms may appear **2-14 days after exposure** **to the virus.** People with these symptoms or combinations of symptoms may have COVID-19:

 YES NO󠄂

󠄂 󠄂 Cough

󠄂 󠄂 Shortness of breath or difficulty breathing **(Call 911)**

󠄂 󠄂 Persistent pain or pressure in the chest

󠄂 󠄂 New confusion or inability to arouse

󠄂 󠄂 Bluish lips or face **(Call 911)**

If you have any of the above **emergency warning signs\*** for COVID-19 get **medical attention immediately.**

*Or at least two of these symptoms:*

󠄂 󠄂 Fever (>100.4) record temp: \_\_\_\_\_\_\_\_\_\_

󠄂 󠄂 Chills

󠄂 󠄂 Repeated shaking with chills

󠄂 󠄂 Muscle pain

󠄂 󠄂 Headache

󠄂 󠄂 Sore throat

󠄂 󠄂 New loss of taste or smell

\*This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning to you.

󠄂 󠄂 In the last 14 days, have you had contact with someone with a confirmed diagnosis of

COVID-19, or who is under investigation for COVID-19, or is ill with respiratory illness?

󠄂 󠄂 Has the City of Rochester Illness Incident Documentation Form been filed?

Supervisor Completing From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_