Employee Health Services

COVID-19 (Coronavirus Disease) Employee Screening Form

CommonSpirit

Date Time AM PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	For any symptom marked Yes, document action taken below.
Symptom Review below: Y (yes) or N (no)								
Fever (>100°F or 38°C)								
Cough								
Sore Throat								
Shortness of breath								
Chills or repeated shaking with chills								
Headache								
Muscle aches								
New Loss of Sense of Taste or Smell								
Vomiting								
Abdominal pain								
Diarrhea								

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