

COVID-19

Symptom Monitoring Form

This form is provided as a template. You may use it or create your own. **DO NOT SEND THIS FORM TO CDB.**

Date: _____ Time: _____

Employee Name: _____ Trade: _____

Employee's Work Location at Jobsite (Area, Room, Floor, etc.): _____

Screener Name: _____

- + Select a place close to the entrance of the jobsite for screening.
- + Employees should be screened before entering the jobsite and halfway through each shift for temperature and symptoms of COVID-19 and respiratory illness (per CDC guidance).

Do you have	YES	NO	Comments
Fever >100.4° F			
New or worsening cough			
Shortness of breath			
Sore throat			
Chills or shaking with chills			
Muscle pain			
NEW loss of taste or smell			

Not all individuals present with the same symptoms. The symptoms listed above are from the CDC guidelines. Judgment should be used to determine whether additional symptoms would warrant the employee to be excluded from work.

If employee answers NO to ALL screening questions, the employee may work. All employees must adhere to the most up-to-date CDB, employer, and jobsite PPE and social distancing procedures while at the jobsite.

If employee answers YES to any of the screening questions the employee MUST not work. The employee should self-isolate at home for the amount of time recommended by the CDC.

If the employee is NOT exhibiting the symptoms listed above but is experiencing mild respiratory illness the employee may work if they have been fever-free for 72 hours and their symptoms are improving.

MORE INFORMATION

- + Centers for Disease Control and Prevention www.cdc.gov/coronavirus
- + Illinois Department of Public Health dph.illinois.gov