

# Employee Self-Assessment COVID-19



Complete and submit to your supervisor prior to the 1st day of your work week

Employee Name (Print): \_\_\_\_\_

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

Supervisor: \_\_\_\_\_

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

Please answer the following questions:

“In the last 72 hours have you had a fever <u>and/or</u> taken medications for a fever?”	<input type="checkbox"/> YES	<input type="checkbox"/> NO
“In the last 7 days have you had symptoms of a lower respiratory illness (cough, difficulty breathing, etc.)?”	<input type="checkbox"/> YES	<input type="checkbox"/> NO
“In the past 14 days have you been in close contact with a person known/suspected to have Coronavirus (COVID-19) <u>and/or</u> have you been diagnosed with COVID-19?”	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## Building access and next steps outlined below:

### (NO to ALL questions)

Proceed to work

Employees are required to follow procedures at entrance of Civic Center



### (YES to 1 or more questions)

Employee must notify supervisor and await further instructions