**Daily Employee Screen**

Various counties in California issued an Order effective March 26, 2020, requiring all businesses, on a **daily basis**, while conducting business, to screen all employees for febrile respiratory illness. “Febrile respiratory illness” is defined as “a new or worsening episode of either cough or shortness of breath, presenting with fever (temperature 38 degrees C or 100.4 degrees or higher) or chills in the previous 24 hours.” This Order is effective until further notice.

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| **SECTION I** | | |
| Employee Name: | | |
| Date and Time: | Department: | |
| Employee Performing Screening: | | |
| **SECTION II** | | |
| 1. Have you had a cough within the last 24 hours? | * Yes | * No |
| 2. Have you experienced shortness of breath within the last 24 hours? | * Yes | * No |
| **SECTION III** | | |
| 1. Have you had a fever in the last 24 hours? | * Yes | * No |
| 2. Have you experienced chills in the last 24 hours? | * Yes | * No |

**If you answered “yes” to any question in Section II and Section III, you must be excluded from work and isolate at home for seven days.** “Isolation” is defined as “separation of sick people with a contagious disease from people who are not sick.”

**If you answered “yes” to any question in Section II and Section III, you must identify any other persons with whom you have spent 15 minutes or more within six feet or less of that person.** For each person listed below, you must notify that person to quarantine themselves for 14 days from the last known contact with you. “Quarantine” is defined as “separation and restricts the movement of people who were exposed to a contagious disease to see if they become sick.” Please use additional sheets if necessary.

|  |  |  |
| --- | --- | --- |
| Name | Location/Address | Telephone Number |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Screener Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_