



Mandatory Employee Symptom Report Form

Instructions: If employee has any illness symptoms, take their temperature, complete this form, and send this form or a picture to your HR Director or Office Administrator.

Employee Name:			
Signature:			
Date:		Time:	
Temperature, in Fahrenheit:			
	NO*	YES	ACTION IF YES
Do you have a temperature between 99.2 and 100.4?		If yes – see next column	Monitor your temperature twice a day for at least 7 days to see if it changes. Notify your office administrator or any change (up or down). You may remain on-site unless you have additional symptoms. Please leave the office immediately and go home. Please call your supervisor to notify them. Please consult with your physician and follow CDC, public health, and regulatory guidance.
Do you have a temperature of 100.4 or more?		If yes – see next column	
Do you have a dry cough?		If yes – see next column	
Do you have shortness of breath or difficulty breathing?		If yes – see next column	
Do you have <u>two or more</u> of these symptoms: Fever 99.2-100), chills, repeated shaking with chills, muscle pain, headache, sore throat, and/or new loss of taste or smell		If yes – see next column	

*if **all** answers are **no**, you may continue working on-site for the day.