

AT HOME DAILY SELF-SCREENING

At Home Daily Self-Screening

The At Home Daily Self-Screening is in place to try and prevent sick or symptomatic employees from leaving their homes and decrease the likelihood of spreading infection.

- If the employee does not recognize symptoms in their At Home Daily Self-Screening **or**,
 - The employee is not symptomatic upon reporting to work (reference On-Site Health Screening Protocol), **then**
 - The employee is cleared to work.
- If symptoms are present during At Home Daily Self-Screening or the On-Site Health Screening, employees should contact their Isolation Coordinator or Human Resources.
 - Reference the Self-Quarantine and Return to Work Protocol for employees who are confirmed positive for COVID-19.

Self-Screening Assessment

According to the CDC, individuals with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness.

*If the answer is **yes** to one or more of the following questions, please contact your Isolation Coordinator or Human Resources.*

Are you showing signs of one or more of the following symptoms?

- | | | |
|---|------------------------------|-----------------------------|
| Cough | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Shortness of breath or difficulty breathing | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Fever (100.4 °F) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Chills | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Repeated shaking with chills | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Muscle pain | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Headache | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Sore throat | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| New loss of taste or smell | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Prepared by



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