



Gila River Indian Community

COVID-19 EMPLOYEE HEALTH SCREENING QUESTIONNAIRE

Directors/Supervisors must assess each employee’s health status prior to the start of their on-site workday to ensure the health and well-being of their workforce.

Employee Name: _____

Department: _____ Supervisor: _____

1. Are you experiencing any of these symptoms:

	Yes	No		Yes	No
New/worsening cough	<input type="checkbox"/>	<input type="checkbox"/>	Congestion or runny nose	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	Loss of smell or taste	<input type="checkbox"/>	<input type="checkbox"/>
Fever or headache	<input type="checkbox"/>	<input type="checkbox"/>	Fatigue	<input type="checkbox"/>	<input type="checkbox"/>
New onset chills or shaking with chills	<input type="checkbox"/>	<input type="checkbox"/>	New onset diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
			New onset muscle or body aches/pain	<input type="checkbox"/>	<input type="checkbox"/>

2. Have you had close contact with anyone who has tested positive for Coronavirus (COVID-19) within the past two weeks (14 days)? Yes No

3. Has anyone in your household tested positive for Coronavirus (COVID-19) within the past two weeks (14 days) and is currently under isolation? Yes No

If yes, what date does the isolation/quarantine end? _____

4. Have you or anyone in your household traveled to any place within the last two weeks? Yes No

If yes, where and return date? _____

5. Current Temperature: _____

I have truthfully answered the above questions.

Print Name: _____

Employee Signature: _____ Date: _____

Follow attached guidance. If you have any questions regarding sick leave due to coronavirus, please contact your Human Resources Department. Please see grhc.org/coronavirus for additional information.

Employee Health Screening Process

