COVID-19

SYMPTOM SCREENING GUIDE

IN ACCORDANCE WITH PHASE I OF CONSTRUCTION RESTART:

(Per the Governor’s Stay Home, Stay Healthy order; developed and reviewed with MultiCare Occupational Health)

This screening does not need to be documented unless the worker answers Yes to any of questions 2-6, or has a temperature over the fever threshold (100.4° F).

1. Temperature scan (temp must be below 100.4° F)  
   Temp:______________

2. Do you have any COVID-19-positive members in your household?  
   Yes_______No_______

3. Do you have a cough?  
   Yes_______No_______

4. Do you have shortness of breath?  
   Yes_______No_______

5. Do you have fatigue or muscle aches?  
   Yes_______No_______

6. Do you have a new loss of taste or smell?  
   Yes_______No_______

7. Do you agree to report the onset of any of these symptoms during your shift?  
   Yes_______No_______

Reminder: Your COVID-19 Site Supervisor is __________________________________________