



IVC COVID-19 Questionnaire

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our employees and visitors, we are conducting a simple screening questionnaire for all employees returning to work after an absence. Your participation is important to help us take precautionary measures to protect you and everyone in this building. Thank you for your time.

Employee's Name:	Company Name (If Visitor):
Supervisor Conducting Questionnaire:	Personal Phone Number (mobile/home):

1. Are you currently experiencing any symptoms of COVID-19 (fever, cough, sore throat, shortness of breath, difficulty breathing, or loss of taste or smell)? Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing)? Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Have you had close contact (as defined by the CDC – in less than 6 feet and more than 15 minutes) with or cared for someone diagnosed with COVID-19 within the last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Have you been asked by a health care professional to self-quarantine? Provide your Supervisor or Human Resources your Doctor's form, stamp, or e-mail to certify that your quarantine is over. Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Have you been asked by a health care professional to take a COVID-19 test? Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Have you taken a COVID-19 test? Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Are you currently waiting on test results from a COVID-19 test? Provide your Supervisor or Human Resources with your Doctor's form, stamp, or e-mail as verification. Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Have you tested positive for COVID-19? You will need to provide your Supervisor or Human Resources with your Doctor's form, stamp, or e-mail to certify that your quarantine is over. Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Have you recently traveled (specifically "highly active zone" areas as identified by the CDC known to have a high number of positive cases of COVID-19, including but not limited to: international travel, Florida, Carolina's, Texas, Louisiana, California, Arizona, Nevada) in the past 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>

FOR ADMIN USE ONLY:	Pulse Oximeter:	APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/>
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Please confirm before entering the worksite that:

- At least 10 days since symptoms first appeared and
- At least 24 hours with no fever without fever-reducing medication and
- Symptoms have improved

Signature: _____ Date: _____