

# EMPLOYEE HEALTH SCREENING QUESTIONS

## 1. Do you have any of the following symptoms?

- Yes  No **A.** Fever of 100.4 degrees or higher (as measured by a touchless thermometer if available, but a verbal confirmation of lack of fever is sufficient if a touchless thermometer is not available)?
- Yes  No **B.** Cough (excluding chronic cough due to a known medical reason other than COVID-19)?
- Yes  No **C.** Shortness of breath?
- Yes  No **D.** Sore throat?
- Yes  No **E.** Diarrhea (excluding diarrhea due to a known medical reason other than COVID-19)?

## 2. Have you travelled internationally or outside of Michigan in the last 14 days, excluding commuting from a home location outside of Michigan? For purposes of this order, commuting is defined as traveling between one's home and work on a regular basis.

Yes  No

## 3. Have you had any close contact in the last 14 days with someone with a diagnosis of COVID-19?

Yes  No

### ***Any affirmative response to screening questions (1) or (2) above requires the individual to be excluded:***

- A.** For at least 72 hours with no fever (three full days of no fever without use of medicine that reduces fever) and other symptoms have improved (for example, when cough and shortness of breath have improved) and at least seven days have passed since symptoms first appeared.
- B.** Except for necessary workers engaged in travel related to supply chain and critical infrastructure, for 14 days following travel unless that travel was due to commuting from a home location outside of Michigan.

