# Daily Employee **Screening Checklist**

WorkSafe

*Can start work if temperature is below 100˚ F, and no subjective fever or any of the following symptoms reported.*

Source: Illinois Department of Public Health; May 2020

Employee ID#_____ Job Title_____

Phone_____ Email_____ Supervisor_____

If employee displays symptoms or needs a physician, call **(847) 545-0936** 24/7 to speak with a live Care Coordinator *(bilingual reps always available)*.

| DATE | TIME | TEMPERATURE | subjective FEVER | COUGH | SORE THROAT | CONGESTION / RUNNY NOSE (not allergies) | CHILLS | MUSCLE ACHES (unexplained) | HEADACHE | OTHER | FATIGUE (unexplained) | NAUSEA/VOMITING | ABDOMINAL PAIN | DIARRHEA | Loss of SMELL/TASTE | OTHER (Blood Oxygen Level) | SCREENING PERSONNEL NAME & SIGNATURE |
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| | | | CHECK BOX IF YOU HAVE SYMPTOMS. | | | | | | | | | | | | | | |
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