



## AGC of Minnesota COVID-19 Virus Report to Work Daily Employee Screening Form

***Each AGC staff member should answer these questions each day they are in the office. All answers kept confidential.***

1. Did you complete your daily temperature scan?  
Yes \_\_\_\_ No \_\_\_\_
2. Are you currently experiencing a fever (greater than 100.4 F or 38.0 C) OR symptoms of lower respiratory illness such as cough, shortness of breath, or difficulty breathing?  
Yes \_\_\_\_ No \_\_\_\_
3. Have you had a fever (greater than 100.4 F or 38.0 C) OR symptoms of lower respiratory illness such as cough, shortness of breath, or difficulty breathing in the past 14 days?  
Yes \_\_\_\_ No \_\_\_\_
4. Have you, or anyone in your home, come into close contact (within 6 feet) with someone who has a suspected or confirmed COVID – 19 diagnosis in the past 14 days either at home or at work, etc.?  
Yes \_\_\_\_ No \_\_\_\_
5. Have you traveled to a county or area that has a travel warning of level 2 or 3 as listed by the CDC in the past 14 days? [CDC Travel Warnings](#)  
Yes \_\_\_\_ No \_\_\_\_

If so, where have you traveled? \_\_\_\_\_  
What was your date of return? \_\_\_\_\_

***\*NOTE: If an employee answers 'Yes' to any of the above questions (excluding question 1), they should leave the office immediately and seek medical evaluation.***

### Sign In:

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Sign Out:

Has your health status changed during your work shift?

Yes \_\_\_\_ No \_\_\_\_

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_