



Daily Entry Screening Questionnaire

Name \_\_\_\_\_  
Please Print

Date \_\_\_\_\_

1. Do you have any symptoms of respiratory infection? (fever, cough, shortness of breath) \_\_\_\_\_
  - If answer is NO- Proceed to question 2.
  - If answer is YES- You will be sent home.
    - You may return to work when you are no longer symptomatic (typically 24-hours).
    - You do not need to get doctor's note/release to return to work.
2. Have you traveled by airplane or outside the State of Ohio within the past 14-days? \_\_\_\_\_
  - If answer is NO- Proceed to question 3.
  - If answer is YES:
    - You will be required to stay home for 14-days from the date you traveled by airplane or re-entered the State of Ohio.
3. Have you been exposed to someone with confirmed COVID-19? \_\_\_\_\_
  - If answer is NO- Proceed to question 4.
  - If answer is YES and you do not have a fever, cough, or shortness of breath:
    - You will be required to stay home for 14-days from the date you were exposed to a confirmed case of COVID-19.
  - If the answer is YES and you currently have a fever, cough or shortness of breath:
    - You are required to contact your local health department.
4. Did you check your temperature before arriving to work? \_\_\_\_\_
  - If the answer is NO- Please proceed with this form to temperature monitoring station.
  - If the answer is YES- Please take your completed Temperature Self-Test form to the temperature monitoring station for determination to report to work or return home.

Employee \_\_\_\_\_  
Signature

**Form Due Each Weekday 9:30 a.m.**

**Submission Instructions:**

Partner Manager/Supervisor,

- 1) Please attach as one PDF file and scan all of your staff members' forms together.
- 2) Submit your scan to email: [operations@workforcearea2.org](mailto:operations@workforcearea2.org) using the following naming convention in your subject line: **Subject:** Organization Name (no acronyms) MM/DD/YY

Thank you!