



Pre-Employment Health Screening Questionnaire

CONFIDENTIAL
Covid-19 specific

Our top priority, as an agency, is the safety and well-being of the individuals we support. Since many of these individuals are in a high-risk category for severe health issues and/or death from contracting this virus, the agency may have, in place, restrictions that are more restrictive than those imposed by government agencies. To meet our goal, we ask that you complete the following checklist.

All OHD staff are currently being asked to self-monitor their health and report the answers to the following questions to their Supervisor, prior to beginning each shift. Any OHD staff person who has tested positive for COVID-19, or resides in the same household as a person who has tested positive for COVID-19, may be asked for documentation of a subsequent negative COVID-19 test.

Full Name _____
Printed First Middle Last

Do you now, or have you within the last 14 days, had any of the symptoms of COVID-19?	Yes	No
• Body temperature greater than 100.4°F within the last 14 days?		
• Shortness of breath while at rest?		
• Sore throat?		
• Loss of sense of smell?		
• Cough (not resulting from other known health issues)?		
• Diarrhea (not resulting from other known health issues)?		
Do you now, or have you in the last 14 days, lived with or been in close contact with, someone who has symptoms, or has tested positive for COVID-19?		

To the best of my knowledge, the information I have provided is correct. I understand that misrepresentation or deliberate omission of relevant information may be grounds for termination or denial of employment.

Employee Signature _____ Date _____