

# Template: COVID-19 health screening FOR VETERINARY TEAM MEMBERS

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## SCREENING EMPLOYEES IS AN OPTIONAL STRATEGY THAT EMPLOYERS MAY USE.

Employers who decide to screen employees for COVID-19 should screen all veterinary team members who are working in the clinic in-person on a non-discriminatory basis. COVID-19-related medical questions may not be asked of team members who are working remotely or telecommuting. Employers may also not ask other medical questions that are unrelated to COVID-19 unless those questions are consistent with the team member's ability to perform the essential functions of their job. Employers who opt to screen must ensure that screening incorporates appropriate safety measures, such as social distancing and use of PPE (e.g., mask, gloves, protective eyewear). Provisions should also be made for appropriately documenting any screening that is conducted, including managing medical information obtained from employees to ensure it remains private and confidential.

***Screening should be in addition to, not in place of, other measures to provide a safe work environment, such as providing PPE and disinfectant supplies, physical barriers, enforced social distancing, and frequent cleaning of common areas.***

This material is for informational purposes only and is not intended to replace competent review and advice from qualified legal counsel. Note that guidance relating to employee screening is subject to frequent updates and changes. The information in this template may be outdated and employers are strongly encouraged to ensure that any screening of employees is performed in accordance with applicable law.

To be completed by team member and reviewed by employer-authorized individual prior to team member reporting for work each day. Not to be used for employees working remotely.

Name of employee: \_\_\_\_\_

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

Temperature (self-taken or on-site at employer's discretion): \_\_\_\_\_

CDC-specified COVID-19 symptom assessment: Have you personally experienced any of the following symptoms?	Yes	No	How long have you experienced this symptom?
Cough			
Shortness of breath			
Or at least <b>two</b> of the following symptoms			
Fever (100.4F or higher)			
Chills			
Muscle pain			
Headache			
Sore throat			
New loss of taste/smell			

COVID-19 testing history	Yes	No	Comments
Have you tested positive for COVID-19?			
Are you currently waiting for COVID-19 test results?			

Social distancing and employee exposure	Yes	No	Comments
Have you self-quarantined (remaining in your home and outdoor activities without coming closer than 6 ft from others)? If so, how many days and why?			
Have you been exposed to <b>anyone</b> who has tested positive for COVID-19?			
Have you been exposed to <b>anyone</b> who is currently waiting for COVID-19 test results?			
Have you been exposed to <b>anyone</b> with any of the following symptoms or combination of symptoms?			
Cough			
Shortness of breath			
Or at least <b>two</b> of the following symptoms			
Fever (100.4F or higher)			
Chills			
Muscle pain			
Headache			
Sore throat			
New loss of taste/smell			
Have you traveled outside of your state/territory/district?			

*Human resources use only (additional comments)*