WASHINGTON HEALTH SYSTEM
Occupational Medicine

Employee Return-To-Work COVID-19 Screening

Employee Name _____ Department_____

Today's Date _____ Last Date Worked_____

Check temperature _____ Is temp ≥ 100.4 ⟶ YES **Unable to Return to Work**

Have you recently traveled out of the area in the past 14 days? YES NO

Have you been in contact with anyone that has confirmed or suspected COVID-19 illness? YES NO

Have you been tested for COVID-19 illness? YES NO Date 05/07/20

Have you received test result? YES NO

What was the test result? POS NEG Date _____

If employee was suspect or was confirmed COVID positive and you need assistance to determine next steps, please call WHS Occupational Medicine at (724) 223-3528.

Are you experiencing any of the following symptoms **at this time or in the past 3 days, not adequately explained by another cause?**

Flu-like Symptoms YES

Fever (≥ 100.4) YES

Cough YES

Congestion YES

Sore Throat YES

Shortness of Breath YES

New loss of taste or smell YES

If YES to any question of the symptom related questions - Employee Unable to Return to Work

Employee Returned To Work YES NO Date _____

Referred to WHS Occupational Medicine for RTW/Fitness for Duty Exam

Please note: at this time, for the safety of our staff, this is a virtual exam that is conducted via phone consultation or telemedicine.

Employer Representative Signature _____ Title _____

Documentation provided YES NO

Washington Health System is taking all the necessary steps to protect our staff and patients. We are strictly adhering to the PA Department of Health and CDC guidelines. The PA DOH and CDC continue to update their guidelines, so please check their website(s) for the most up-to-date information: **www.health.pa.gov** and **www.cdc.gov**