Health Assessment Form

Workplace safety remains one of the Institute's highest priorities. To prevent the spread of COVID-19, and reduce the potential risk of exposure to our employees and visitors, we are conducting a simple screening. Your participation is important to help us take precautionary measures to protect you and others in our facility.

Name:	Personal Phone Number (mobile/home):
Date and time of entry:	

Self-Declaration

1. Are you experiencing any ONE of the following symptoms:

Fever of 100.4 or higher
☐ Yes ☐ No
(If possible, screen your temperature)[1]

Uncontrolled cough
☐ Yes ☐ No

Shortness of breath
☐ Yes ☐ No

Are you experiencing any TWO or MORE of the following symptoms not explained by a known medical or physical condition:

Loss of taste or smell
☐ Yes ☐ No

Muscle aches
☐ Yes ☐ No

Sore throat
☐ Yes ☐ No

Severe headache
☐ Yes ☐ No

Diarrhea
☐ Yes ☐ No

Vomiting
☐ Yes ☐ No

Abdominal Pain
☐ Yes ☐ No

2. Have you tested positive for COVID-19 in the last 10 days?

☐ Yes ☐ No

If yes, when? Date of last symptom

3. Have you had close contact within the last 14 days with someone diagnosed with COVID-19 or who has experienced COVID-19 related symptoms?

☐ Yes ☐ No

4. Have you traveled outside of the state within the last 14 days?[2]

☐ Yes ☐ No If yes, where? _____

Signature: _____ Date: _____

Note: This form must be completed each day you are on-site and reviewed by an Institute representative to determine access to the facility. The information collected on this form will be used only to determine whether you can enter the workplace. Any affirmative responses to the above questions must be reviewed immediately. Do NOT enter the workplace if you have responded yes to any question until you are evaluated and receive further direction. Please email this completed form to healthassess@mphi.org.

Access to facility (circle one): Approved Denied

1 Per MDHHS Order, owner/operators of migrant housing camps must conduct resident temperature screen at least once per day. All other employers are required to include temperature screenings (if possible) as part of the daily entry self-screening protocol, under MIOSHA COVID-19 Emergency Rule.

2 Employer to review local public health orders to determine whether travel restrictions are required considerations; if not, this is optional.