

COVID-19 Enhanced Screening Form for Use in Manufacturing and Food Production Plants

Before screening, make sure the employee is masked.

General information

Date: _____

Occ. health screener: _____

Employee name: _____

Employee ID number: _____

Cell phone number: _____

Email address: _____

Screening temperature: _____

Oral or aural temperature: _____

Symptoms

1. Do you have any of the following symptoms? (check all that apply)

Feeling feverish? (if temp normal)

New headache?

New cough?

New sore throat?

Shortness of breath or difficulty breathing?

Loss of sense of smell and taste?

Chills?

Other symptoms in the past 24 hours?

New muscle aches?

2. Have you taken any medications for fever or muscle aches in the past 3 days? (check response)

Yes

No

Unsure

Assessor's notes on employee:

If the employee reports any COVID-19 symptoms, an occupational health nurse should continue the assessment by taking a more accurate temperature (oral or aural) and noting above and completing the rest of this form. The symptomatic employee should be tested via the process being promoted by employer.

Additional questions to ask employees being referred for testing

(check response; explain as needed)

3. Do you have a household member or close contact who has recently tested positive for COVID-19?

Yes, _____

No, _____

4. Ask about transportation to the plant. If they rideshare, who are their transportation contacts?

Yes, ride share/carpool, Contacts: _____

No, drive separately

Next steps

5. Explain to the employee how testing will be done and how they will receive the test results.

Sample language: We want all people with symptoms who work at the plant to get tested to see if they have COVID-19. *[insert specifics for when and where to go]* Your household members should call their clinic if they are sick and need to be tested. Do you have transportation to get tested? *[Help to troubleshoot if transportation is a barrier. Also be sure to cover any specifics about paid COVID leave at this time.]*

6. Require that the employee self-isolate while waiting for test results. Explain what this means to the employee.

Sample language: As much as possible, stay in a specific room and away from other people and pets in your home. Also, you should use a separate bathroom, if available. If you need to be around other people or animals in or outside of the home, wear a cloth face covering. *[Determine if isolation is possible in the home environment and if needed, contact county public health department for assistance with housing and/or any needed services.]*

7. Test results

a. Date of test: _____

c. Result date: _____

b. Type of test: _____

d. Result: _____

Resources

[About Coronavirus Disease 2019 \(https://www.health.state.mn.us/diseases/coronavirus/basics.html\)](https://www.health.state.mn.us/diseases/coronavirus/basics.html)

Minnesota Department of Health
Infectious Disease Epidemiology Prevention and Control
651-201-5414
www.health.state.mn.us/diseases/coronavirus

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To obtain this information in a different format, call: 651-201-5414.