**Program Name**

**Daily Employee Health Screen Agreement [Template]**

As an employee of program name, your health and safety are very important to all of us here, including the management, staff, children, and families. In an effort to prevent the spread of COVID-19, please review and initial next to each applicable health screening question. The completed, signed, and dated screening should be given to your direct supervisor.

      I do not currently have, nor have I had, an unexplained fever (temperature over 100.4 °F) in the last 48 hours.

      I do not currently have, nor have I had, other potential symptoms of COVID-19, such as the following:

* Fever or chills
* Cough
* Shortness of breath or difficulty breathing
* Fatigue
* Muscle or body aches
* Headache
* New loss of taste or smell
* Sore throat
* Congestion or runny nose
* Nausea or vomiting
* Diarrhea

      I have not taken medications that may mask a fever in the last 12 hours (e.g. Tylenol, ibuprofen, Aleve)

      There is no one in my household who has COVID-19.

      I have not been a close contact of anyone who has confirmed or suspected exposure to COVID-19 in the last 14 days. [Close contact](https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact) is defined as within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period.

      I do not have a pending COVID-19 test.

**NOTE:** While waiting for test results, and not fully vaccinated, staff should stay quarantine, or if fully vaccinated, should wear a mask indoors in public for 14 days following exposure or until test result is negative.

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office Use Only:**

The center may determine what to do with completed forms, such as whether to keep them on file for a certain length of time. The center may include additional instructions for review, processing, storage, here:

      This staff person has been approved to continue working

      This staff person has been asked / advised to (up-to-date on COVID-19 vaccinations):

* Monitor for symptoms for 10 days after last close contact with COVID-19
* Wear [a well-fitted mask](https://www.cdc.gov/coronavirus/2019-ncov/your-health/effective-masks.html) any time around others
* Get tested at least 5 days after last close contact with COVID-19
* If symptoms develop, [isolate](https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html#isolate) immediately, get tested, and wear a mask around others

      This staff person has been asked / advised to (not up-to-date on COVID-19 vaccinations):

* Stay home for 5 days and [isolate](https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html#isolate) /quarantine from others.
* Wear a well-fitted mask if the individual must around others in their home.
* [End isolation after 5 full days](https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html#end-isolation-symptoms) if the individual is fever-free for 24 hours (without the use of fever-reducing medication) and symptoms are improving.
* If the staff did NOT have symptoms [end isolation after at least 5 full days](https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html#end-isolation) after the positive test.
* Wear [a well-fitted mask](https://www.cdc.gov/coronavirus/2019-ncov/your-health/effective-masks.html) for 10 full days when around others.
* This staff person may return to work on       if they met the above criteria.

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REMEMBER:** Contact your [local public health department](https://www.dhs.wisconsin.gov/lh-depts/counties.htm) and [regional licensing office](https://dcf.wisconsin.gov/cclicensing/contacts) to report positive cases of COVID-19.

**Resources:**

* DCF COVID-19 Information for Child Care Providers: https://dcf.wisconsin.gov/covid-19/childcare/providers
* CDC Quarantine and Isolation information**. Please note, there are different guidelines based on whether individuals are up-to-date on their vaccinations or are unvaccinated**: <https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html#closecontact>