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QCI Healthcare Covid 19 Screening Form

1. Have you traveled internationally in the last 14 days?

FYI - CDC now recommends anyone who has traveled internationally should self-quarantine at home for 14 days.

YES NO

2. Have you had contact with anyone with confirmed COVID-19 outside of work in the last 14 days?

YES NO

3. Have you had any of these symptoms in the last 14 days?

Fever greater than 100	YES	NO
Difficulty breathing (Shortness of breath)	YES	NO
Cough	YES	NO
Weakness	YES	NO

4. Are you currently experiencing fever over 100, difficulty breathing or cough?

YES NO

Please complete this form WEEKLY and send it with your time slips to QCI Healthcare at payroll@qcihealthcare.com OR if you have any changes in your health.

If at any time you answer yes to any of these questions, please contact QCI Healthcare via telephone at 616-365-9290

Name: _____ Signature: _____ Date: _____