

Symptom Check Questionnaire

You are being asked to take this survey to check your readiness to return to work based on your personal assessment of your health and wellness. By completing the survey and submitting your responses, you agree that the information collected can be used by your company to make decisions to provide a safe work environment for you and your co-workers. The data will be kept internal to your company, is confidential, and will be used solely to determine if you should return to work at this time.

You may decline to proceed with the survey but doing so may require you to continue to work remotely or provide a note from a health care practitioner of your readiness to return onsite.

- ☐ Yes, I consent
- ☐ No, I decline

Please provide the following:

First Name

Last Name

Email Address

Phone Number

In the past week, have you... (Please check all that apply)

- ☐ Been ill
- ☐ Recently cared for someone who is / was ill
- ☐ Tested positive for COVID-19
- ☐ Been living in a community with a significant number of COVID-19 cases
- ☐ Been in contact with someone who has tested positive for COVID-19
- ☐ Been contacted by someone about possible exposure to COVID-19
- ☐ None of the above

Do you have any of the following severe symptoms?

- ☐ Extreme shortness of breath
- ☐ Blue lips or face
- ☐ Chest pain or discomfort
- ☐ Severe dizziness or feel lightheaded
- ☐ None of the above

Do you have any of the following symptoms?

- ☐ Fever (temperature greater than 100.0 F)
- ☐ Chills (uncontrollable body shaking)
- ☐ Cough that is new or worsening
- ☐ Recent decrease in sense of smell or taste
- ☐ None of the above

Do you have any of these symptoms?

- ☐ Runny or stuffy nose
- ☐ Sore throat
- ☐ Muscle aches, body aches, or headache
- ☐ Tired / fatigued
- ☐ Nausea / vomiting
- ☐ Diarrhea
- ☐ Conjunctivitis, pinkeye, with fever
- ☐ None of the above

By signing below, you certify that the information provided is correct, and that you will notify CMC Human Resources if any of these conditions changes, at 909.621.8490 or hr@cmc.edu.

Patient Verbalized: ☐ Yes ☐ No

Signature

Date