

Maryland Department of Health Employee Screening Form

Employee Name: _____ Date: _____

Employee Unit: _____

Employee Work Location: _____

The Objective of employee screening is to minimize the chance of employee exposure to illnesses while at work during disease outbreaks.

The screening may occur over the phone for employees not yet reporting to work and or upon arrival at their work location. The illness exposure risk determination is based upon a numerical determination of common signs and symptoms of respiratory illness.

Employee Illness Screening:

Please circle the value in the middle column for each sign and symptom the employee has. Provide any additional information or comments if any.

| Illness Sign / Symptom | Value | Comments |
|---|-------|---|
| Fever ($\geq 100^{\circ}$ F / 37.8° C / Subjective) and or Chills | 6 | |
| Difficulty Breathing / Shortness of Breath | 6 | |
| Cough (persistent) | 5 | |
| Congestion | 2 | |
| Body Aches | 1 | |
| Sudden recent loss of smell | 1 | |
| Stress that is interfering with daily activities | 1 | |
| Sore throat | 1 | |
| headache | 1 | |
| Shaking chills | 1 | |
| | | |
| Exposure Risk Score (Total Sum of All Circled Values) | | Enter "0" if there are no values circled |

| Exposure Risk Score | Recommendations |
|------------------------------|---|
| High Risk (15-20) | Employee <i>should not report to work / be sent home; CALL their physician; monitor their temperature; avoid contact with others; stay home; not to go out until cleared by a physician.</i> |
| Medium (6-14) | Employee <i>should not report to work / be sent home; CALL their physician; monitor their temperature; avoid contact with others; stay home; not to go out until cleared by a physician.</i> |

Maryland Department of Health Employee Screening Form

| | |
|-----------------------------|--|
| <p>Low (1-5)</p> | <p>If any answer to these questions are circled, consider sending home</p> <ul style="list-style-type: none"> • Have you been vaccinated against the flu? NO • Did you start getting sick in the last week? YES • Have you been in close contact with anyone with the <i>flu-like-illness</i>? YES • Are you designated as essential Personnel? NO <p>Employee should self-monitor for illness stay away from others</p> |
| <p>No Risk (0)</p> | <p>Employee may enter and report to work</p> |

Exposure Risk Assessment and Employee Recommendations

ADA / FMLA Considerations

Under the ADA, an employer cannot make medical inquiries of employees unless the inquiry is *voluntary or job-related and consistent with business necessity*.

If an employer does make such inquiries, the employer must follow the ADA guidelines pertaining to medical records.

These guidelines

- require confidential maintenance of medical information, which should be kept separate and apart from the employee’s personnel file,
- limit the distribution of such information to individuals with a legitimate need to know.

Nonetheless, if an employee poses a *direct threat* (i.e. + CoV19) to the health or safety of himself/herself or others, then an employer can require the employee to disclose health information.

an employer will likely be permitted to require an employee to undergo medical testing if the employer *reasonably believes*, based on an individualized assessment, that an employee may have been exposed to Coronavirus, and demonstrates symptoms of Coronavirus.

If an employer has a *reasonable* belief that the employee has been exposed to, or has contracted, Coronavirus, then the employer may send that person home to protect the rest of the workforce

Employee Illness Screening for Work

Maintain a list of employees working within a location