

COVID-19 Screening Tool

Sample form provided by Hillsborough County



Hillsborough
County Florida

NAME _____

DATE _____ TEMP _____

Circle **YES** or **NO** to the following questions

1. Have you returned from a cruise within the last 14 days?

YES or **NO**

2. Have you been in contact with anyone who has returned from international travel or been on a cruise within the last 14 days?

YES or **NO**

3. Have you visited the Broward County or Miami Dade area within the last 14 days?

YES or **NO**

4. Have you had contact with someone who has OR is under investigation for COVID-19?

YES or **NO**

5. Have you had any domestic or international travel through airports in the last 14 days?

YES or **NO**

6. Have you experienced signs or symptoms of a respiratory infection such as: Fever? Cough? Shortness of Breath?

YES or **NO**

Signature _____ Date _____

The COVID-19 Screening Tool offered by Hillsborough County is based upon current guidance for exposure risk management from the Center for Disease Control and the Florida Department of Health. The screening tool attempts to identify individuals who may have had a medium to high risk of exposure to the COVID-19 virus. Employers of an individual answering “yes” to any to the screening questions should follow all appropriate guidance from the CDC and the FDOH, which may include requiring the employee to remain at home for fourteen days following the date of the potential exposure. All employers must be aware that a “yes” response to any question does not establish an employee’s exposure to the virus and a “no” response to all questions does not eliminate exposure. All businesses and employers are therefore urged to follow the guidance for employers at [cdc.gov/coronavirus](https://www.cdc.gov/coronavirus) and [floridahealthcovid19.gov](https://www.floridahealthcovid19.gov).