

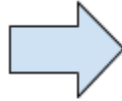


Daily Health Screening Tool for Staff

1.

Do you have one of the following higher-risk symptoms of COVID-19?

- Fever (100 degrees or higher)
- Loss of smell/taste
- Body aches/chills
- New or worsening cough (moderate to severe)
- Shortness of breath/Increased work of breathing
- Other symptoms without explanation such as vomiting/diarrhea



*If yes to one or more of these symptoms: **STAY HOME AND CONTACT HEALTHCARE PROVIDER. RECOMMEND TEST FOR COVID-19.**

2.

Do you have any of the lower-risk symptoms of COVID-19?

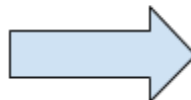
- Sore throat
- Mild Cough
- Headache
- Nasal congestion/runny nose



*If yes to only one of the symptoms, consider past medical history of asthma, allergies, and migraines. These individuals do not require exemption from work if not accompanied by further symptoms. If two or more lower-risk symptoms are present, the ill individual should stay home, call healthcare provider, and consider testing for COVID-19.

3.

Have you had close contact (household contact or within 6 feet for 15 minutes or longer) of a known COVID-19 case?



*if yes, stay home for 14 days. Contact healthcare provider. Consider COVID-19 testing.

STAFF: PLEASE REPORT IF YOU ARE CURRENTLY UNDERGOING COVID-19 TESTING TO YOUR PRINCIPAL OR DIRECT SUPERVISOR.

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All reports of employees undergoing testing for COVID-19, regardless of results, will be kept strictly confidential.