

North Dakota Department of Health COVID-19 Screening for Employees (Non-Healthcare Workers)

Our goal is to keep workforce intact while protecting staff and the public we serve.

This form should be used to screen employees each day for symptoms and exposure to COVID-19.

It may also be used for employees to screen themselves.

Employee Name:		Employee Phone Number:	
Classification/Job Title:		Date/Time:	
1.	Does the employee have a fever $\geq 100.4^{\circ}$ Fahrenheit (38°C) or feel like he/she had fever/chills?	Yes	No
2.	Does the employee have new or worsening symptoms of cough, sore throat, congestion/runny nose, muscle/body aches, severe headache with fever, fatigue, shortness of breath, chills, new loss of taste/smell, nausea/vomiting, or diarrhea?	Yes	No
3.	Has the employee tested positive for or been diagnosed with COVID-19 and has not yet been released from isolation (5 days from symptom onset or 5 days from test date if asymptomatic AND fever-free for 24 hours without the use of fever-reducing medication AND improvement in symptoms)?	Yes	No
4.	Did the employee have close contact* with a person who has tested positive for or been diagnosed with COVID-19? <i>* Being within approximately 6 feet for a prolonged period of time defined as 15 or more cumulative minutes OR having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).</i>	Yes	No

For an individual answering “Yes” to questions 1 or 2, immediately exclude the employee from work and refer them to their healthcare provider, calling ahead. The healthcare provider should assess the individual for COVID-19 infection. If tested for COVID-19, the individual should be excluded from work until test results are available. If not tested for COVID-19, the individual should be sent home until at least 24 hours have passed since recovery defined as resolution of fever without the use of fever-reducing medications in the past 24 hours **and** improvement in symptoms **and** at least 5 days have passed since symptoms first appeared. The employee may return to work after 5 days followed by an additional 5 days of strict mask wearing. If diagnosed with another illness, the employee may return to work according to employer’s workplace illness exclusion policy.

For an individual answering “Yes” to question 3, The employee should be furloughed from the workplace for 5 days from onset of symptoms and be fever-free for 24 hours without the use of fever-reducing medication and have symptom improvement. If the employee does not have symptoms, then the employee must be furloughed for 5 days from the date of the COVID-19 positive test.

For an individual answering “Yes” to questions 4, The unvaccinated employee should be furloughed for 5 days (from their last known exposure) and be quarantined at home. For household contacts who are continually exposed to cases, the employee should be furloughed during the case’s 5-day isolation period plus the 5-day quarantine period. Close contacts should be tested for COVID-19 5 days after their last exposure to a case. If the close contact (non-household contact) and COVID-19 case were both wearing masks for the duration of the exposure, the close contact does not have to quarantine. If the employee is vaccinated and is more than six months out from their second mRNA dose, or more than two months after the J&J vaccine, and not yet boosted, the CDC now recommends quarantine for five days followed by strict mask use for an additional five days. If a five day quarantine is not feasible, it is imperative that an exposed person wear a well-fitting mask at all times when around others for 10 days after exposure. Employee’s who have received their booster shot, have had a prior infection in the last 90 days, or are within 6 months of their primary mRNA series or two months of J & J dose, do not need to quarantine following an exposure, but should wear a mask for 10 days after the exposure.

Healthcare workers should refer to the [NDDoH Healthcare Worker Return to Work](#) full guidance for isolation and quarantine recommendations.



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Completed by:

Printed Name: _____

Date/Time: _____