



Employee Name _____ Completion Date: _____

Supervisor Name: _____

The purpose of this questionnaire is for you to self-observe your health prior to returning to work. Completion of this form is only required upon the initial day of your return to work. Should your answer to one of the questions change after returning to work, please resubmit an updated form. If your temperature is above 100 degrees F, or if you answer YES to any of the following questions, please stay home and notify your supervisor of your status.

Please answer the following questions:		
1. Have you been tested for the coronavirus (awaiting results)? If yes, stay home until results are received	YES	NO
2. Have you tested POSITIVE for the coronavirus? If yes, stay home for 14 days after symptoms are gone.	YES	NO
3. Have you had prolonged close contact with someone who tested positive for the coronavirus? If Yes, stay home for 14 days and return to work if no symptoms.	YES	NO
4. Has a member of your household been tested for the coronavirus (awaiting results)? If Yes, stay home until results are received.	YES	NO
5. Has a member of your household been asked by a medical professional to isolate for potential coronavirus? If Yes, stay home pending results.	YES	NO
6. Has a household member had prolonged close contact with someone who tested positive for the coronavirus? If Yes, stay home for 14 days and return to work if there are NO symptoms.	YES	NO
7. Have you traveled overseas within the last 14 days? If Yes, stay home for 14 days from your arrival back to the United States. Return to work if there are no symptoms.	YES	NO
8. Have you taken a cruise within the last 14 days? If Yes, stay home for 14 days from your arrival back to the United States. Return to work if there are no symptoms.	YES	NO
Are you experiencing or have you experienced any of the following symptoms in the past 14 days? If you answer YES to at least one of these questions, please stay home and call your healthcare provider.	YES	NO
• Cough (not related to allergies)		
• Shortness of breath		
• Difficulty breathing		
• Fever		

Continue to self-observe your condition while in the workplace, should your condition change, notify your supervisor and return home.

Send completed form through campus mail to UTSI HR, MS-11 or FAX to 931-393-7268.

This form can be found on the UTSI COVID-19 webpage.