

# COVID-19 ASSESSMENT FOR TEAM MEMBERS

Every Beaumont Health team member must be assessed for COVID-19 symptoms and risk factors before they can work in our facilities.

This survey must be taken by all Beaumont Health team members whether or not you have a direct patient care role. This assessment should be completed every workday.

**NOTE: ALL FIELDS ARE REQUIRED.**

Name (first and last): \_\_\_\_\_

Employee ID: \_\_\_\_\_ Date and time: \_\_\_\_\_ AM / PM

1) Have you been exposed (which means being within 6 feet for 10 minutes or more without a face mask) to a confirmed diagnosed COVID-19 person?

YES  NO

2) Have you developed ANY of the following:

- Fever greater than 100F
- NEW flu-like symptoms like body aches
- NEW abnormal cough
- NEW shortness of breath
- NEW diarrhea
- NEW loss of taste or smell (in addition to the above)

YES  NO

3) Please check which two answers you selected above:

- 1. YES & 2. YES** **DO NOT REPORT TO WORK**  
Call Employee Health (248-733-7300) and follow standard procedures for reporting your absence.
- 1. NO & 2. YES** **DO NOT REPORT TO WORK**  
Follow standard procedures for reporting your absence and call the COVID-19 Employee Hotline at 947-522-3466 and select option 2.
- 1. YES & 2. NO** **CLEARED FOR WORK**  
See your supervisor to receive a mask.
- 1. NO & 2. NO** **CLEARED FOR WORK**