*SAMPLE*

**Employee COVID-19 Screening Tool**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name** | **Before Starting Shift** | **After Completing Shift** | **Additional Notes** |
|  | **Temp** | **Cough** | **Shortness of Breath** | **Other Symptoms** | **Temp** | **Cough** | **Shortness of Breath** | **Other Symptoms** |  |
|  |  | Y/N | Y/N |  |  | Y/N | Y/N |  |  |
|  |  | Y/N | Y/N |  |  | Y/N | Y/N |  |  |
|  |  | Y/N | Y/N |  |  | Y/N | Y/N |  |  |
|  |  | Y/N | Y/N |  |  | Y/N | Y/N |  |  |
|  |  | Y/N | Y/N |  |  | Y/N | Y/N |  |  |
|  |  | Y/N | Y/N |  |  | Y/N | Y/N |  |  |
|  |  | Y/N | Y/N |  |  | Y/N | Y/N |  |  |
|  |  | Y/N | Y/N |  |  | Y/N | Y/N |  |  |
|  |  | Y/N | Y/N |  |  | Y/N | Y/N |  |  |
|  |  | Y/N | Y/N |  |  | Y/N | Y/N |  |  |
|  |  | Y/N | Y/N |  |  | Y/N | Y/N |  |  |

**Legal Disclaimer: This form is for sample purposes only. Consult with your attorney and your professional liability carrier to ensure that all of the dental practice’s informed consent forms comply with state law.**

**Source:** West Virginia COVID-19 Task Force, West Virginia Dental Board Guidance

(This document should be customized for your office.)