

Employee Daily Health & Wellness Check

To comply with Massachusetts requirements for workplace safety, **every** employee must conduct a wellness check **every** day, PRIOR to presenting at the workplace.

This form does not need to be turned in to the worksite; however, employees must complete this wellness check each day before reporting to work.

1. Today or within the past 24 hours, have you had any of the following symptoms?
 - A. Fever (temperature of 100.0°F or above), felt feverish, or had chills? Yes No
 - Current temperature: _____ °F (taken by employee)
 - B. Cough? Yes No
 - C. Sore throat? Yes No
 - D. Difficulty breathing? Yes No
 - E. Gastrointestinal symptoms (diarrhea, nausea, vomiting)? Yes No
 - F. Abdominal pain? Yes No
 - G. Unexplained Rash? Yes No
 - H. Fatigue (in combination with other symptoms)? Yes No
 - I. Headache (in combination with other symptoms)? Yes No
 - J. New loss of smell/taste? Yes No
 - K. New muscle aches? Yes No
 - L. Congestion or runny nose (in combination with other symptoms)? Yes No
 - M. Any other signs of illness? Yes No

2. In the past 14 days, you had close contact with a person known to be infected with the novel coronavirus (COVID-19)? Yes No

3. In the past 14 days, have you traveled outside of Massachusetts to a state that is not on the list of lower-risk states? Yes No

If you have answered “Yes” to any of the questions above, please contact your supervisor prior to reporting to the worksite.