# Health Check Self-Reporting

As of May 22, 2020, all Stanford employees, faculty and staff, who are currently working on-site are required to complete a daily symptom check prior to coming on-site —using the online Health Check Tool, [healthcheck.stanford.edu](http://healthcheck.stanford.edu).

Employees who are NOT able to use the online tool may use the paper-based form below as part of the mandatory daily health screening. By promptly reporting any symptoms or exposures, you are protecting yourself and your coworkers from the spread of COVID-19. The form should be secure emailed to the SU Occupational Health Center ([stanfordohc@stanford.edu](mailto:stanfordohc@stanford.edu)).

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>Department:</th>
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<tbody>
<tr>
<td>Supervisor:</td>
<td>Date:</td>
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## TEMPERATURE SCREENING

1. Do you currently feel feverish or have a fever (>99.5 degrees)?

   □ YES □ NO

## SYMPTOMS

2. Did you have any COVID-related symptoms in the past 14 days?

   *This includes sore throat, fever, coughing or chest tightness, shortness of breath, muscle aches, loss of taste or smell, or diarrhea.*

   □ YES □ NO

## TESTING

3. Have you been tested for COVID-19 in the past 2 weeks due to symptoms?

   □ YES □ NO

4. Have you had a POSITIVE COVID-19 test in the past 3 weeks?

   □ YES □ NO

## SELF-ISOLATION

5. Have you been instructed to self-isolate at home due to symptoms?

   □ YES □ NO

## EXPOSURE

6. Did you have known close contact with someone with COVID-19 or COVID-like symptoms in the past 14 days?

   □ YES □ NO

If ALL answers are **NO**, the employee is permitted to work on-site.

If ANY answers are **YES**, the individual is not permitted to work on-site until cleared by the SU Occupational Health Center or Vaden Health Services.

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**SU Occupational Health Center**

Phone: (650) 725-5308

Email: [stanfordohc@stanford.edu](mailto:stanfordohc@stanford.edu)

**Vaden Health Services**

Phone: (650) 498-2336