



TG Missouri Corporation
2200 Plattin Rd
Perryville, MO 63775
Phone: 573-547-1041
Fax: 573-547-6182

Coronavirus (COVID-19) Employee Health Screening Form

Complete and turn this form into your Supervisor every Monday (or your first scheduled day each week) you report to work.

Name: _____

Date: _____

Supervisor: _____

In the past 24 hours, have you experienced:

Fever Yes No

Cough Yes No

Shortness of Breath Yes No

Current Temperature: _____

If you have a fever OR answered "yes" to two or more of the symptoms above, please do not go into work. Report your absence to your Supervisor.

In the past 14 days, have you:

Had close contact with an individual diagnosed with COVID-19? Yes No

Traveled internationally or domestically? Yes No

If you answered "yes" to either of the questions above, please do not go into work. Report your absence to your Supervisor and self-quarantine at home for 14 days.

Signature _____

For FATM (First Aid Team Member) ONLY

If an employee's body temperature is at or above 100.4 degrees Fahrenheit, the employee must be sent home immediately and the following completed by the First Aid Team Member

Date Employee Sent Home: _____

Recorded Temperature: _____

An employee sent home with a fever can return to work when he or she has been fever free for 24 hours without taking medication.