



COVID -19 SCREENING FORM

City of Hammond
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Due to the Coronavirus being classified as a pandemic, all employees, visitors and contractors will be screened using the following questionnaire.

Please answer the following questions:

1. Do you have any flu-like symptoms, i.e. fever (100.4 or greater), sore throat, headache, runny nose, cough, difficulty breathing, lack of smell or taste, abdominal pain, diarrhea, etc.? YES NO
This refers to new or unusual symptoms not aligned with medical history. You may exclude known personal medical conditions that have the same symptoms, e.g. allergies, history of migraines.
2. Do you know if you have been in contact with someone who is suspected or confirmed as having COVID-19 in the last 14 days? YES NO
Close contact is defined as:
 1. Being within approximately 6 feet of an individual who has subsequently tested positive for COVID-19 for a prolonged period of time such as living with, caring for, visiting, or sharing a healthcare waiting area.
 2. Having direct contact with infectious secretions of an individual who has tested positive for COVID-19, e.g. being coughed on.
3. Have you or any of your close contacts traveled from outside the contiguous United States in the past 14 days? YES NO
4. Specifically, have you or any of your close contacts traveled to or from any of the following countries in the past 14 days: China, Taiwan, Hong Kong, Singapore, South Korea, Japan, Thailand, Italy or Iran, or any hot spots with concentrated Coronavirus in the US.*? YES NO

If yes to 2 or more of the above, employee must contact the Personnel Department at 219-853-6501 for further evaluation.

Thank you for your cooperation as we continue to provide ongoing safety precautions.

Department Name _____

Employee Name _____

Date of Birth _____

Contact Phone _____

Contact Email _____

Please sign and date that you understand and have answered the above questions.

Signature (Typing your name in the above field is sufficient)

Date

*This is the current list of countries that have been categorized as high risk. The list may change and is dynamic and will be adjusted accordingly.

This form must be submitted to the Personnel Department.

For City of Hammond Use Only

Reviewer _____

Date _____