



Sample Employee Questionnaire to Evaluate Employee for COVID-19

If COVID-19 becomes severe, inquiries into an employee's symptoms, even if disability-related, are considered justified by the EEOC as a "reasonable belief based on objective evidence that the severe form of pandemic influenza poses a direct threat." You must maintain all information about employee illness as a confidential medical record in compliance with the ADA.

Note: If your company does business in the State of California (e.g., if you have one or more locations, employees, customers, suppliers, etc. in this state), and your business is subject to the California Consumer Privacy Act (CCPA), then you must provide employees a CCPA-compliant notice prior to or at the same time as your collection of this information. The notice must describe the categories of personal information collected and the business purpose(s) for which the information will be used (here, the category is medical and health information, and the purpose is to identify potential symptoms linked to COVID-19 and reduce the risk of spreading the disease in or through the workplace). This disclosure may be added to your existing CCPA notice to employees, which you should have already provided by January 1, 2020, or it can be a standalone notice you provide specifically when you collect this COVID-19-related information. For advice on CCPA compliance, please reach out to [our privacy attorneys](#) at any of [our six California offices](#).

Sample Employee Questionnaire

In the past 24 hours, have you experienced:

Fever or chills:

- Yes
- No

Cough:

- Yes
- No

Shortness of breath or difficulty breathing:

- Yes
- No

Fatigue:

- Yes
- No

Muscle or body aches:

- Yes
- No

This material is provided for informational purposes only. It is not intended to constitute legal advice nor does it create a client-lawyer relationship between Fisher & Phillips LLP and any recipient. Recipients should consult with counsel before taking any actions based on the information contained within this material.



Headache:

- Yes
- No

New loss of taste or smell:

- Yes
- No

Sore throat:

- Yes
- No

Congestion or runny nose:

- Yes
- No

Nausea or vomiting:

- Yes
- No

Diarrhea:

- Yes
- No

Have you recently been in close contact with anyone who has exhibited any symptoms?

- Yes
- No

Have you recently been in contact with anyone who has tested positive for COVID-19?

- Yes
- No

Have you recently traveled to a restricted area that is under a Level 2, 3, or 4 Travel Advisory according to the U.S. State Department? Including: China, Italy, Iran, and most countries in Europe.

- Yes
- No

This material is provided for informational purposes only. It is not intended to constitute legal advice nor does it create a client-lawyer relationship between Fisher & Phillips LLP and any recipient. Recipients should consult with counsel before taking any actions based on the information contained within this material.