UNM Employee Screening Questionnaire

Name: ________________________ Title: ______________________________

Department: ___________________ Supervisor Name: _____________________

As part of the State of New Mexico’s COVID Safe Practice (CSP) requirements for all employers, the following Employee Screening Questionnaire has been developed for help monitor our employees before they enter the workplace.

INSTRUCTIONS
This form is only to be used by employees who are unable to complete the daily screening survey via the daily email being sent to all employees. Where that is not possible, you should consult with your supervisor about completing this form prior to coming to work each day. Completed forms should be turned in consistent with the confidential department procedures established by your department.

Do you have any of the following symptoms? YES ☐ NO ☐
- New loss of taste or smell
- Sore throat
- A cough or shortness of breath
- A fever (greater than 100) and/or chills
- A combination of two or more of these symptoms: headache, muscle pain, repeated shaking with chills

IF YOU ANSWERED “YES” TO THE QUESTION ABOVE:
- Do not come to work today, or go home immediately if you are already at work
- Notify your supervisor that you are experiencing symptoms that can be associated with COVID-19
- Follow the Self-Reporting process by submitting an electronic report at https://hr.unm.edu/self-report. If unable to complete the electronic self-reporting process, faculty/staff should call the Occupational Health Call Center at 505-515-8212, and students should call SHAC at 505-277-3136.

FACULTY AND STAFF EMPLOYEES SHOULD NOT RETURN TO WORK UNTIL CLEARED TO RETURN BY EOHS. STUDENTS SHOULD ADHERE TO THE ADVICE OF SHAC MEDICAL PROVIDERS.

If supervisors have questions about an employee’s requirement to stay home and/or self-isolate, they should contact Human Resources at clientsv@unm.edu.

Answering “Yes” to the question above does not indicate that you are diagnosed as having COVID-19. The answers are intended to help assure that if you have any of the symptoms, that we provide you the opportunity to be assessed and ensure that you and your work associates are able to work in a healthy environment. This questionnaire will be kept confidential and only people with a “need-to-know” will have access.

Employee Signature: _______________________________ Date: ________________

Thank you for your participation in helping to Protect the Pack!