



1200 Washington Ave, Bay City, Michigan 48708
<https://tinyurl.com/bchd-covid19-hcw-survey>

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COVID-19 Symptom Survey

To be completed by anyone working at a hospital, urgent care center, clinic, nursing home, or long term care facility located in Bay County. This form can be printed and faxed (989-895-4014). Or call (989-308-1232) to respond by telephone. However, online reporting (<https://tinyurl.com/bchd-covid19-hcw-survey>) is preferred when possible.

First Name _____

Last Name _____

Email _____

Mobile Phone _____

Please complete this survey twice daily, including once before each healthcare shift.

Overall, do you feel capable of performing your usual role?

- Yes
- No

Please specify the date when you worked most recently (today, if you will work today).

Date ____/____/____

Are you experiencing any of the following symptoms?

- Please check all new or recent onset symptoms that apply.
- If you are free of any new or recent onset symptoms, then please check the box for "None."
- You can omit reporting symptoms you attribute to a chronic underlying condition (e.g., cough related to chronic bronchitis) unless your current symptoms represent a departure from your usual norm.

- Symptoms
- None
 - Measured temperature greater than 100.0°F
 - Sweats and/or chills
 - Cough
 - Shortness of Breath
 - Sore Throat
 - Sudden loss of sense of smell
 - Headache
 - Congestion / runny nose
 - Muscle aches
 - Fatigue of weakness
 - Nausea
 - Vomiting
 - Diarrhea
 - Conjunctivitis (pink eye)

Note: if you have never experienced any symptoms, you can skip the next two questions on this page.

When did any current or previous symptoms first start?

Start Date ____/____/____

If you have had symptoms, when did all fever, respiratory symptoms, and gastrointestinal symptoms essentially resolve?

- Resolution of fever means without the use of fever-reducing medications.
- Resolution of respiratory symptoms means substantial improvement in or absence of cough and/or shortness of breath.
- Resolution of gastrointestinal symptoms means substantial improvement in or absence of nausea, vomiting, or diarrhea.

Symptom Resolution Date ____/____/____

Please share any thoughts or questions you have about COVID-19 in Bay County.

COVID-19 Test Tracking

Have you been tested for COVID-19?

- Yes
- No

If you have been tested, the essential details to share with the Health Department are:

- Specimen collection date
- Test result

If you have already shared your specimen collection date, there's no need to submit that detail more than once UNLESS your test result has changed from PENDING to either NEGATIVE or POSITIVE.

If you have been tested more than once, please share the essential details for each test.

Specimen Collection Date ____/____/____

- COVID-19 Test Results
- Pending
 - Positive
 - Negative