

# ZERO



## Return to Work Checklist

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Are you feeling sick today? Check one



Yes



No

\*\*If yes, STAY HOME AND CONTACT A MEDICAL PROFESSIONAL

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Do you have a cough, difficulty breathing, or sore throat?

Yes

No

\*\*If Yes, STAY HOME AND CONTACT A MEDICAL PROFESSIONAL

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Do you have any flu-like symptoms such as muscle aches, stiffness, congestion, or feeling run down?

Yes

No

If yes STAY HOME AND CONTACT A MEDICAL PROFESSIONAL

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Have you ever tested positive for Covid-19? If yes please record the date.

\*\*If Yes - Please stay at home until 14 days have passed. Someone from HR will contact you.

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Have you been exposed to someone who is Covid-19 positive within the past 14 days?

Yes

No

\*\*If Yes -Also provide information that states that you  
Have been retested, the date of the second test, and confirmation it was negative.

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To perform these checklists digitally and include your entire team, visit [teamzero.com](https://teamzero.com)