



CITY OF LITTLE ROCK
COVID-19 EMPLOYEE TEMPERATURE TEST

Date¹: _____ Time: _____

Employee Name: _____

Fever (100.4 degrees Fahrenheit or Greater):

Yes: _____ No: _____

Action Taken:

_____ None. No fever detected.

_____ Yes. Employee sent home and directed not to return to work until 48 hours Fever-Free without the use of fever reducing or other symptom alternating medicines (e.g. cough suppressants.)

Print Name and Signature of Supervisor administering test

Signature of Employee tested

3/20/2020

¹ All Forms must be sent to Human Resources daily and no other copies may be maintained by Departments or other personnel.