



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 Individual administering test

Print Name and Signature of Supervisor if Employee is sent home

Signature of Employee tested

3/30/2020

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