

Mandatory Daily Health Screening

Please answer the following. In the past 14 days, have you:		
• Yes	• No	Been screened for COVID-19
• No	• Yes	Tested positive for COVID-19
• No	• Yes	Experienced any symptoms of COVID-19
• No	• Yes	Knowingly been in close or proximate contact with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19
		<ul style="list-style-type: none"> • If yes, check box if are you symptomatic • Date of last contact _____
Daily temperature check:		
• No	• Yes	Fever equal or greater than 100.4 degrees Fahrenheit
Comments:		

If your responses to any of the above change, such as if you begin to experience symptoms, including during or outside of workhours, you **MUST immediately inform Management.*

According to CDC guidance on “Symptoms of Coronavirus, ”the term “symptomatic” includes employees who have the following symptoms or combinations of symptoms: fever, cough, shortness of breath, or at least two of the following symptoms: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

Remember to do the following:

- Cover your nose and mouth with a mask or cloth face-covering when six feet of social distance cannot be maintained.
- Properly store and, when necessary, discard personal protective equipment.
- Adhere to physical distancing instructions.
- Report symptoms of or exposure to COVID-19 to Management immediately
- Follow hand hygiene and cleaning guidelines.

Print _____

Date _____

Sign _____