

CHECK-IN SHEET WITH COVID-19 QUESTIONS

ACTIVITY:	DAY: M T W Th F
SUPERVISOR NAME:	DATE:

TAKE TEMPERATURE READ: Any temperature **100.4°F** or higher the employee/participant should be isolated then sent home!

SCREENING QUESTIONS

1) Have you developed any of the following: Employee/participant who answers yes to any of the following questions should be isolated then sent home!

Since your last day of work, or last visit here, have you had any of these symptoms that is not attributable to another condition?

- Cough
- Shortness of breath or difficulty breathing
- Or at least two of these symptoms
 - Fever
 - Chills
 - Repeated shaking with chills
 - Muscle pain
 - Headache
 - Sore throat
 - New loss of taste or smell

2) Have you taken medications to lower your temperature?

3) Have you or been around anyone (family, friends or public) showing symptoms of COVID-19 or tested positive in the last 14 days?

If the answer is YES to any of these questions, they may not enter the facility. Suggest that they call their health provider immediately and seek treatment. If this is a staff member, notify your immediate supervisor.

***Due to HIPAA laws, do not record the temperature read or any answers to the screening questions.**

Name	Participant (P) Employee(E) Volunteer (V) Other(O)	Temperature taken & All Questions Asked? Yes or No for both

