CHECK-IN SHEET WITH COVID-19 OUESTIONS

(2.1.21)

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) Since your last day of work, or last visit here, have you had any of these symptoms that is not attributable to another condition?
 - Fever or chills
 - Shortness of breath or difficulty breathing
 - Muscle or body aches
 - Recent loss of taste or smell
 - Congestion
 - Diarrhea

- Cough
- Fatigue
- Headache
- Sore throat
- Nausea or vomiting
- 2. Within the past 14 days, have you been in close contact with anyone that you know had COVID-19 or COVID-like symptoms? Close contact is being within 6 feet for 15 minutes or more over a 24-hour period with a person; or having direct contact with fluids from a person with COVID-19 with or without wearing a mask (i.e., being coughed or sneezed on).
- 3. Have you had a positive COVID-19 test for active virus in the past 10 days, or are you awaiting results of a COVID-19 test?
- 4. Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?

If the answer is YES to any of these questions, they may not enter the facility or activity area. 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

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