COVID-19 Daily Health Screening Protocol Checklist

Do you have any of these symptoms?:

Cough	☐ Yes	☐ No
Shortness of breath or difficulty breathing	☐ Yes	☐ No
Sore throat	☐ Yes	☐ No
Diarrhea	☐ Yes	☐ No
Chills	☐ Yes	☐ No
Muscle pain	☐ Yes	☐ No
Headache	☐ Yes	☐ No
Loss of taste or smell	☐ Yes	☐ No
Any other symptoms that give you reason to suspect you may have COVID-19?	☐ Yes	☐ No

Travel Screening:

Traveled internationally in the past 14 days?	☐ Yes	☐ No
Traveled domestically via airplane in the past 14 days?	☐ Yes	☐ No

Allow access <u>only</u> if all responses above are "No." In the case of a "Yes," response, refer to Home Quarantine Instructions.

Schedule	**Sign-In**		**Sign-Out**	
7:30 am – 5:30 pm	**Time**	**Signature**	**Time**	**Signature**
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Temperature reading ≥100.4?	☐ Yes	☐ No