Employee Name: ____Today's Date: ___________________

In the past 24 hours, have you experienced the following:

	YES	NO
Fever	☐	
Fatigue	☐	
Cough	☐	☐
Sneezing	☐	☐
Aches/Pains	☐	☐
Runny/Stuffy Nose	☐	☐
Sore Throat	☐	☐
Diarrhea	☐	☐
Headaches	☐	☐
Shortness of Breath	☐	☐

	YES	NO
Have you recently been in close contact with anyone who has exhibited any symptoms?	☐	☐
Have you recently been in contact with anyone who has tested positive for COVID-19?	☐	☐
Have you recently traveled to a restricted area that is under a Level 2, 3 or 4 Travel Advisory according to the U.S. State Department? Including China, Italy, Iran, and most countries in Europe?	☐	☐

What is your temperature today? ______________________