

**DAILY SCREENING FOR COVID19**

**PLACE OF BUSINESS:**

Date	Employee Name	Sign of Fever	Shortness of Breath	New Cough	Change in Cough	Sore Throat	International Travel in last 2-3 Weeks?	Any Exposure to a Known Case?	Employee Initials

**THIS FORM IS FOR YOUR USE.**

**YOU WILL NOT HAVE TO TURN IT IN TO ANYONE. HOWEVER, IT MAY HELP THE HEALTH DEPARTMENT WITH FUTURE COMMUNICABLE DISEASE TRACKING OR PROTECT YOU FROM POSSIBLE LEGAL ACTION SHOULD A STAFFMEMBER OR CUSTOMER CONTRACT COVID19.**