**2019 NOVEL CORONAVIRUS (COVID-19) SCREEN**

# All employees must be screened prior to beginning their shift for the symptoms below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | | Date: | | Time: |
| Have you travelled to a known COVID-19 Hot Spot (New York City, New Orleans, ) in the past 14 days? | | | | 🞏YES 🞏NO |
| Do you currently have symptoms of lower respiratory illness (e.g., cough or shortness of breath)? | | | | 🞏YES 🞏NO |
| Have you recently had a fever? | 🞏YES 🞏NO | | Current Temperature: |  |
| Have you been exposed to someone positive for COVID-19 or showing symptoms? | | | | 🞏YES 🞏NO |
| Employee Signature: | | | | |

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