

Employee PRE-SCREENING QUESTIONNAIRE

We appreciate your cooperation and patience in helping to keep our employees and our staff safe and healthy.

Have you traveled outside the U.S. in the past 30 days? YES NO

If yes, where? _____

Have you been in personal contact with a person infected with Coronavirus? YES NO

Note:

IN THE LAST 48 HOURS:

Have you had a fever (99.5°+)? YES NO

Have you experienced any:

Coughing? YES NO

Sore Throat? YES NO

Difficulty Breathing? YES NO

Muscle Aches? YES NO

Stomach Pain? YES NO

Print Name: _____

Signature: _____ Date: _____