

COVID-19 STAFF SCREENING

Date: _____

Department: _____

Employee Name: _____

Temperature: _____

- The 3 questions to ask are as follows:
 - **Have you traveled internationally (any place not in the 50 US States) in the last 14 days?**
Yes or No
 - **Are you currently sick with a fever, cold or flu?** Yes or No
 - **Have you been in contact with anyone who has tested positive for Covid19?**
Yes Or No

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