

## SELF-IMPLEMENTED HEALTH SCREENING TEMPLATE

Note: This template has self-implemented questions to be used by employees each day prior to entering the Victor Center. Each employee shall notify Paul Green who will maintain a log to track those days they are in the Victor Center.

Health Screening Questions		
	YES	NO
1) In the past 14 days, have you or a family member been diagnosed with COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
If the employee answers “YES”, stay home and talk to your supervisor.		
2) Do you have any newly developed or worsening symptoms? <b>Check all that apply.</b>		
<b>One of these symptoms</b>	<b>OR</b>	<b>Two of these symptoms</b>
<input type="checkbox"/> Shortness of breath <input type="checkbox"/> Cough <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Loss of smell <input type="checkbox"/> Loss of taste	<b>OR</b>	<input type="checkbox"/> Feverish <input type="checkbox"/> Nausea or vomiting <input type="checkbox"/> Chills <input type="checkbox"/> Diarrhea <input type="checkbox"/> Muscle aches <input type="checkbox"/> Fatigue <input type="checkbox"/> Headache <input type="checkbox"/> Congestion or runny nose <input type="checkbox"/> Sore throat
If an employee selects any <b>one</b> of these symptoms, stay home and contact Paul Green or Jackie Lawson.	<b>OR</b>	If an employee selects any <b>two</b> of these symptoms, stay home and contact Paul Green or Jackie Lawson.
Measurement of Temperature		
	YES	NO
3) Is your body temperature above 100.4 °F?	<input type="checkbox"/>	<input type="checkbox"/>
If the employee answers “YES”, stay home and contact Paul Green or Jackie Lawson.		