Screening Questions:	Screening Questions:											
 In the last three days, have you had a fever? Have you been in contact with anyone positive with COVID 19? In the last three days, have you had a cough or shortness of breath? 												
									Question 1	Question 2	Question 3	
Employee Name	(Y/N)	(Y/N)	(Y/N)	Temp Taken-P/F								
	+			 								

Date: _____

Site Name:

Employee Name	Question 1 (Y/N)	Question 2 (Y/N)	Question 3 (Y/N)	Temp Taken-P/F