



## Daily Temperature and Symptom Check Form

We are committed to all our employees' health and safety. In compliance with our state's regulations and to ensure we are protecting employees as much as possible, every team member will have to complete a self-administered temperature check and health questionnaire.

### Temperature Check and Health Questionnaire:

- 1) Your Full Name
- 2) Today's Temperature Reading
- 3) Have you experienced any of the following symptoms in the last 24 hours?  
Answer yes or no.
  - a. Dry Cough
  - b. Shortness of Breath / Difficulty Breathing
  - c. Sore Throat
  - d. New Loss of Taste or Smell
  - e. Nasal Congestion
  - f. Repeated Shaking or Chills
  - g. Muscle Pain

*Please note that this list is not exhaustive, but accounts for the top known symptoms and it may change as health professionals continue to better understand the corona virus markers. Please consult your medical provider for any other symptoms that are severe or concerning to you.*

- 4) Temperature of 100.4 or higher?
  - a. Yes
  - b. No



*If so, you might be running a slight fever. We'd ask that you gather your items and head home immediately (do not gather additional items from the office).*

5) Temperature of 99.2 or higher, but less than 100.4?

- a. Yes
- b. No

*You might just be running "hot", but we'd like to ask you to begin monitoring your temperature twice a day for a minimum of 7 days to determine if the temperature is going up or down.*

6) Have you been exposed to any of the following in the last 14 days?

Close interaction with someone that has tested positive for COVID-19.

Domestic or international travel out of the region.

A gathering where proper social distancing protocols were not followed

- a. Yes
- b. No