



## COVID- 19 HEALTH SCREENING LOG

**Location Name:** \_\_\_\_\_

I attest to all of the following **since my last attestation:** **(a)** I have verified my temperature when I arrived to this location; **(b)** I have not had close contact with any person, beyond persons supported, who has a confirmed positive COVID-19 test result; and **(c)** I am not exhibiting symptoms of COVID-19 (Fever greater than or equal to 100.4 degrees F, new onset/worsening cough, difficulty breathing, new loss of taste or smell) and I have not experienced these symptoms within the last 24 hours. I may be required to confirm my temperature upon request, either in person or virtually. I understand if I answer YES (Y) to any question I will not be allowed to enter.

Date	Time of Arrival	Name	(a) Temp greater than 100.4°F(38°C)	(b) Close contact w/anyone confirmed positive for COVID-19	(c) Exhibiting symptoms of COVID-19 within the last 24 hours	Signature
			Y / N	Y / N	Y / N	
			Y / N	Y / N	Y / N	
			Y / N	Y / N	Y / N	
			Y / N	Y / N	Y / N	
			Y / N	Y / N	Y / N	
			Y / N	Y / N	Y / N	
			Y / N	Y / N	Y / N	
			Y / N	Y / N	Y / N	
			Y / N	Y / N	Y / N	
			Y / N	Y / N	Y / N	
			Y / N	Y / N	Y / N	