

Program Screening & Daily Sign in Sheet

This screening is being done in an attempt to mitigate the risk of spreading COVID-19:

Screen Questions- Individuals/Staff should not be entering program sites if they have any of the conditions below:

- Sick with fever (Higher than 100.0 °F) or newly developed respiratory illness such as cough, shortness of breath, or sore throat
- GI Symptoms (diarrhea, vomiting, abdominal pain)
- Any other symptoms (sore throat, fatigue, muscle aches or body chills, loss of sense of smell and/or taste)
- Recent international travel (i.e., within the past 14 days) from COVID-19-affected geographic areas
- Close contact with a person diagnosed with COVID-19 in the past 14 days
- If any of the signs or symptoms listed above are present DO NOT enter this program. We encourage you to engage a medical professional for further guidance.

Date:	Name:	Time Arrived:	Time Departed:	Screen Questions:
				☐Answered No to all ☐Answered Yes to Any
				☐Answered No to all ☐Answered Yes to Any
				☐Answered No to all ☐Answered Yes to Any
				☐Answered No to all ☐Answered Yes to Any
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