**COVID-19 Symptom Screening Guide**

1. Temperature scan (temp must be below 100.4F)
2. Do you have an COVID-19 positive members in your household?
3. Do you have a cough?
4. Do you have a shortness of breath?
5. Do you have fatigue or muscle aches?
6. Do you have a new loss of taste or smell?
7. Do you agree to report the onset of any of these symptoms during your shift?

***Reminder:*** Your COVID-19 Site Supervisor is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_