

RITE OF PASSAGE

IMPROVING THE LIVES OF YOUTH

COVID-19 Staff Screening Tool

Staff Name: _____

Date: _____

Please answer the following questions prior to reporting to your post:

	YES	NO
Have you had a fever greater than 100.4° F within the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a cough or shortness of breath within the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had pneumonia or the flu within the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you traveled out of the country within the last 14 days? If yes, where: _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you been in any gathering of 250 people or more (including airports) within the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had contact with anyone who has lab-confirmed Coronavirus within 14 days of symptom onset?	<input type="checkbox"/>	<input type="checkbox"/>
Which States have you traveled to within the past 14 days? _____ _____ _____.		

Please place temperature readings for each day worked in the listed space below. Temperatures are to be take prior to the employee being allowed into the secured area.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
_____ Degrees F	_____ Degrees F	_____ Degrees F	_____ Degrees F	_____ Degrees F	_____ Degrees F	_____ Degrees F

FOR WEEKLY USE: Please Initial Daily If There Are No Changes To Your Initial Responses
Please Report Any Changes In ANY of your initial Responses To Your Supervisor Immediately.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Signature of Staff: _____

Signature of Supervisor: _____

Comments: _____