

Food Truck Worker Daily Health Assessment

Date

Full Name

Symptoms (check any that apply):

☐

Fever or chills

☐

Cough

☐

Shortness of breath

☐

Sore throat

☐

Body aches

☐

Other

Temperature Check

Enter current temperature (°F or °C)

Recent Exposure

Have you had close contact with someone diagnosed with a contagious illness in the past 14 days?

☐

Yes

☐

No

Comments or Notes

