

# Juice Bar Employee Daily Health Screening

Employee Name

Date

Shift

1. Do you have any of the following symptoms: fever, cough, sore throat, shortness of breath, or loss of taste/smell?

☐ No ☐ Yes

2. In the past 24 hours, have you had a temperature above 100.4°F (38°C)?

☐ No ☐ Yes

3. Have you been in close contact with anyone confirmed or suspected to have COVID-19 in the past 14 days?

☐ No ☐ Yes

Notes/Comments