

COVID-19 Temporary Staff Symptom Checklist

Name

Date

Employee ID

Shift Time

Symptoms Checklist

- ☐ Fever or chills
- ☐ Cough
- ☐ Shortness of breath or difficulty breathing
- ☐ Sore throat
- ☐ Muscle or body aches
- ☐ Fatigue
- ☐ Headache
- ☐ New loss of taste or smell
- ☐ Congestion or runny nose
- ☐ Nausea or vomiting
- ☐ Diarrhea

Exposure Screening

In the past 14 days, have you been in close contact with someone diagnosed with COVID-19?

Additional Notes