**Record of Employee Arrival and Health Questionnaire**

Please help us to protect children, staff and parents by assisting the Greeter with completing this form regarding symptoms of COVID-19 before entry to ***PROGRAM NAME***. Return this form to the office each day. Temperatures will be checked upon arrival and every 2 hours beginning at 8:30am.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employee Name: | Arrival Time: | Staff Initials of Employee Taking the Temperature: | Were you in close contact (being within 6 ft. of sick person with COVID -19 for about 10 minutes, caring for a person with COVID-19, or living in same household as a sick person with COVID-19) with a person diagnosed Covid-19? (Y/N) | Do you have: cough, fever or chills, muscle or body aches, shortness of breath or difficulty breathing, fatigue, repeated shaking with chills, new loss of taste or smell cough, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, headache or generally not feeling well? (Y/N) | Fever of 100.4 or greater? Employee temperature will be checked at arrival and every 2 hours thereafter.)(Actual Reading) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Record of Employee Arrival and Health Questionnaire**

Please help us to protect children, staff and parents by assisting the Greeter with completing this form regarding symptoms of COVID-19 before entry to ***PROGRAM NAME***. Return this form to the office each day. Temperatures will be checked upon arrival and every 2 hours beginning at 8:30am.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employee Name: | Arrival Time: | Staff Initials of Employee Taking the Temperature: | Were you in close contact (being within 6 ft. of sick person with COVID -19 for about 10 minutes, caring for a person with COVID-19, or living in same household as a sick person with COVID-19) with a person diagnosed Covid-19? (Y/N) | Do you have: cough, fever or chills, muscle or body aches, shortness of breath or difficulty breathing, fatigue, repeated shaking with chills, new loss of taste or smell cough, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, headache or generally not feeling well? (Y/N) | Fever of 100.4 or greater? Employee temperature will be checked at arrival and every 2 hours thereafter.)(Actual Reading) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |