

Employee Name: _____

Job Title: _____

Supervisor: _____ Date: _____



Body Temperature below 100.4 degrees Fahrenheit	Traveled out of state in the last 14 days? <i>(Does not apply to people who travel across state lines as part of normal work activity)</i>	Respiratory Symptoms in the last 14 days (e.g. cough, difficulty breathing, fever)	Exposure to a person diagnosed with COVID 19 in the last 14 days
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN

Body Temperature taken by ESC guard if employee did not take temperature at home? _____

YOU MUST WEAR A MASK WHEN ENTERING THE BUILDING AND IN ALL COMMON AREAS OF THE BUILDING.

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