



Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Body Temperature below 100.4 degrees Fahrenheit</b>	<b>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></b>	<b>Respiratory Symptoms in the last 14 days (e.g. cough, difficulty breathing, fever)</b>	<b>Exposure to a person diagnosed with COVID 19 in the last 14 days</b>
<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"/> NO

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.



Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

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<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"/> NO

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