

COVID-19 SCREENING FORM

NAME: _____ Signature: _____

DATE	FEVER		SORE THROAT		COUGH		LOSS OF SMELL OR TASTE		SHORTNESS OF BREATH		CLOSE CONTACT TO POSITIVE COVID PATIENT		TEMP	NOTE
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		

ANY FACULTY/STAFF MEMBER ANSWERING "YES" TO ANY QUESTION OR RECORDING A TEMPERATURE OF 100-DEGREES OR ABOVE MUST CONTACT AN ADMINISTRATOR BEFORE REPORTING TO SCHOOL.