

# DISTRICT OFFICE COVID-19 DAILY SCREENING TOOL

PLEASE REVIEW THE FOLLOWING QUESTIONS.

IF YOU ANSWER YES TO THESE QUESTIONS, PLEASE LEAVE THE BUILDING AND CONTACT YOUR SUPERVISOR. MASKS ARE NOW REQUIRED UNLESS YOU ARE WORKING ALONE

- Do you have a cough that you cannot attribute to another health condition?
- Have you had a new onset of shortness of breath or difficulty breathing?
- Have you had close contact (within 6 feet) of an infected person for at least 15 minutes with confirmed COVID-19?
- Have you had a positive COVID-19 test for active virus in the past 10 days, or are you awaiting results of a COVID-19 test?

OR ANY OF THE FOLLOWING:

- New muscle aches that you cannot attribute to another health condition, or that may have been caused by a specific activity (such a physical exercise)?
- Temperature over 100.4 degrees?
- Chills?
- Headache?
- Sore throat?
- New loss of taste or smell?
- Nausea or Vomiting?
- Diarrhea?

If you answered "NO" to ALL of these questions, and can attest to the truthfulness of these statements, please electronically sign below.

\* Required

1. Name \*

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2. Destination \*

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