COVID-19**DAILY SCREENING QUESTIONNAIRE**

Please review the following questions at the beginning of every shift!

Recent COVID-19 Exposure:

- Have you knowingly been in close contact in the past 14 days with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19?
- Have you tested positive for COVID-19 in the past 14 days?
- Have you experienced any symptoms of COVID-19 in the past 14 days?

Are you currently experiencing any of the following symptoms?

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell

If you answered "YES" to any of these questions, please do not continue into the building. Please go home and contact your health care provider immediately! **Public Health**



If you have questions, please contact Tioga County Public Health at 607-687-8623!



Daily COVID-19 Questionnaire

Please review the Daily COVID-19 Questionnaire before beginning all shifts.

If you answered "YES" to any of the questions in the daily questionnaire, please leave the building immediately to avoid potential spread of COVID-19 to other employees. Please contact your supervisor after leaving the building, and contact your health care provider.

If you have not been exposed to COVID-19 in the last 14 days, and currently do not have any symptoms of COVID-19, please verify by checking off by your name for today's date.

Employee Name:	Date:	Date:	Date:	Date:	Date: