

HEALTH & WELLNESS SCREENING CHECKLIST

A screening checklist for visitors, and employees, is used to track the contact details and symptoms of every visitor or employee who has entered an establishment during, and after, the COVID-19 crisis.



* Your Name	* Date / Time

HEALTH SCREENING CHECKLIST

We require ALL people on these premises to exercise the strictest precautions possible to help avoid the transmission of COVID-19.

In an effort to reduce the risk of COVID-19 exposure to our company, all employees and visitors must complete the following screening questions:

Employee or Visitor
<input type="checkbox"/> Employee <input type="checkbox"/> Visitor

This section only applies if Employee or Visitor is Employee

Employee Name	Employee Phone Number

This section only applies if Employee or Visitor is Visitor

Visitor Name	Visitor's Phone Number
Person or Department Visiting	

Are you currently experiencing any flu-like symptoms (cough, fever, shortness of breath, sore throat, etc.)?	Have you experienced any flu-like symptoms (cough, fever, shortness of breath, sore throat, etc.) in the last 14 days?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

This question only applies if Are you currently experiencing any flu-like symptoms (cough, fever, shortness of breath, sore throat, etc.)? is Yes or Have you experienced any flu-like symptoms (cough, fever, shortness of breath, sore throat, etc.) in the last 14 days? is Yes

Have you been diagnosed with COVID-19, or are you awaiting results of a COVID-19 test?
<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you traveled outside of the United States in the last 14 days?
<input type="checkbox"/> Yes <input type="checkbox"/> No

This question only applies if Have you traveled outside of the United States in the last 14 days? is Yes

Details of Travel (Country, State, City, Dates)

Have you been in contact with anyone who has a known, or suspected, case of COVID-19 in the last 14 days?

Yes No

This question only applies if Have you been in contact with anyone who has a known, or suspected, case of COVID-19 in the last 14 days? is Yes

How many people have you been in contact with?

#1 - How many people have you been in contact with?

Contact Form - Please attach the 'Contact Form' form.

#2 - How many people have you been in contact with?

Contact Form - Please attach the 'Contact Form' form.

#3 - How many people have you been in contact with?

Contact Form - Please attach the 'Contact Form' form.

Have you been in contact with anyone who has returned from overseas travel in the last 14 days?

Yes No

This question only applies if Have you been in contact with anyone who has returned from overseas travel in the last 14 days? is Yes

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#3 - How many people have you been in contact with?

Contact Form - Please attach the 'Contact Form' form.

I acknowledge that the information I have provided is accurate and complete.

Signature	Date
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