ALF COVID-19
HEALTH SCREENING CHECKLIST

Please review these questions and record on below chart. Please, also take your temperature and record on below chart. Any staffer failing to complete the screening checklist, will not be allowed to staff that day. Staffing will need to be rescheduled if Y (yes) is answered for any of the three (3) questions.

1. **Are you currently experiencing, or experienced in the last 14 days, fever or chills or any other symptoms associated with COVID-19 (see list on wall if not sure)?**
2. **Are you caring for or come in contact with anyone who has been diagnosed with COVID-19 or experiencing symptoms associated with COVID-19 (see list on wall if not sure)?**
3. **Have you traveled outside of California or internationally (or been in contact with someone who has) in the last 14 days.**
4. **Please take your temperature and record on chart – if temperature is above 100.4 degrees, please advise Manager that you cannot staff.**

DATE	NAME	Q #1 Y or N	Q #2 Y or N	Q #3 Y or N	Temperature