COVID 19 Daily Screening Log GCY Makos Summer 2020

		Have you had close contact (within 6 feet	In the last 72 hours, have you 1) had a fewer or felt	
Employee	_	days with someone diagnosed with	In the last 72 hours, have you 1) had a fever or felt feverish? 2) had any muscle aches, chills, or	
Name or	Temp	COVID-19 or has any health department	respiratory symptoms, including runny nose, sore throat, cough, or shortness of breath? 3) new loss	
Initials		been in contact with you and advised you	of taste or smell?	
		to quarantine?		Explanation/Notes: