

Personnel Screening Form

Employee Name: _____

Date: _____

Shift: _____

0700 Screening

- Runny Nose
- Sore Throat
- Dry Cough
- Runny Eyes
- Fever (>100F)
- Short of Breath
- Temperature
- Other Symptoms

1900 Screening

- Runny Nose
- Sore Throat
- Dry Cough
- Runny Eyes
- Fever (>100F)
- Short of Breath
- Temperature
- Other Symptoms
