



Northeast Residence

Administrative Staff COVID-19 Health Screening Checklist

All administrative staff are required to complete this checklist prior to each shift.

Name: _____

Work Week of: _____ to _____
MM/DD/YYYY MM/DD/YYYY

Date: _____ Time: _____ Facility: _____
MM/DD/YYYY

Work Location(s)

Symptom	Yes	No
Take your temperature. Higher than 100.4?	<input type="checkbox"/>	<input type="checkbox"/>
New or unexplained cough?	<input type="checkbox"/>	<input type="checkbox"/>
New or unexplained shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>
New or unexplained sore throat?	<input type="checkbox"/>	<input type="checkbox"/>
New or unexplained muscle aches?	<input type="checkbox"/>	<input type="checkbox"/>
New or unexplained headache?	<input type="checkbox"/>	<input type="checkbox"/>
New or unexplained loss of smell or taste?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to **any** of these questions, send this form to your supervisor immediately, go home, stay away from other people, and contact your healthcare provider.

If you answered No to all of these questions, you do not need to send this form to your supervisor each day. Instead, send the form to your supervisor at the end of your work week.

Date: _____ Time: _____ Facility: _____
MM/DD/YYYY

Work Location(s)

Symptom	Yes	No
Take your temperature. Higher than 100.4?	<input type="checkbox"/>	<input type="checkbox"/>
New or unexplained cough?	<input type="checkbox"/>	<input type="checkbox"/>
New or unexplained shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>
New or unexplained sore throat?	<input type="checkbox"/>	<input type="checkbox"/>
New or unexplained muscle aches?	<input type="checkbox"/>	<input type="checkbox"/>
New or unexplained headache?	<input type="checkbox"/>	<input type="checkbox"/>
New or unexplained loss of smell or taste?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to **any** of these questions, send this form to your supervisor immediately, go home, stay away from other people, and contact your healthcare provider.

If you answered No to all of these questions, you do not need to send this form to your supervisor each day. Instead, send the form to your supervisor at the end of your work week.

Date: _____ Time: _____ Facility: _____
MM/DD/YYYY

Work Location(s)

Symptom	Yes	No
Take your temperature. Higher than 100.4?	<input type="checkbox"/>	<input type="checkbox"/>
New or unexplained cough?	<input type="checkbox"/>	<input type="checkbox"/>
New or unexplained shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>
New or unexplained sore throat?	<input type="checkbox"/>	<input type="checkbox"/>
New or unexplained muscle aches?	<input type="checkbox"/>	<input type="checkbox"/>
New or unexplained headache?	<input type="checkbox"/>	<input type="checkbox"/>
New or unexplained loss of smell or taste?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to **any** of these questions, send this form to your supervisor immediately, go home, stay away from other people, and contact your healthcare provider.

If you answered No to all of these questions, you do not need to send this form to your supervisor each day. Instead, send the form to your supervisor at the end of your work week.

Date: _____ Time: _____ Facility: _____
MM/DD/YYYY

Work Location(s)

Symptom	Yes	No
Take your temperature. Higher than 100.4?	<input type="checkbox"/>	<input type="checkbox"/>
New or unexplained cough?	<input type="checkbox"/>	<input type="checkbox"/>
New or unexplained shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>
New or unexplained sore throat?	<input type="checkbox"/>	<input type="checkbox"/>
New or unexplained muscle aches?	<input type="checkbox"/>	<input type="checkbox"/>
New or unexplained headache?	<input type="checkbox"/>	<input type="checkbox"/>
New or unexplained loss of smell or taste?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to ***any*** of these questions, send this form to your supervisor immediately, go home, stay away from other people, and contact your healthcare provider.

If you answered No to all of these questions, you do not need to send this form to your supervisor each day. Instead, send the form to your supervisor at the end of your work week.

Date: _____ Time: _____ Facility: _____
MM/DD/YYYY

Work Location(s)

Symptom	Yes	No
Take your temperature. Higher than 100.4?	<input type="checkbox"/>	<input type="checkbox"/>
New or unexplained cough?	<input type="checkbox"/>	<input type="checkbox"/>
New or unexplained shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>
New or unexplained sore throat?	<input type="checkbox"/>	<input type="checkbox"/>
New or unexplained muscle aches?	<input type="checkbox"/>	<input type="checkbox"/>
New or unexplained headache?	<input type="checkbox"/>	<input type="checkbox"/>
New or unexplained loss of smell or taste?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to ***any*** of these questions, send this form to your supervisor immediately, go home, stay away from other people, and contact your healthcare provider.

If you answered No to all of these questions, you do not need to send this form to your supervisor each day. Instead, send the form to your supervisor at the end of your work week.

Date: _____ Time: _____ Facility: _____
MM/DD/YYYY

Work Location(s)

Symptom	Yes	No
Take your temperature. Higher than 100.4?	<input type="checkbox"/>	<input type="checkbox"/>
New or unexplained cough?	<input type="checkbox"/>	<input type="checkbox"/>
New or unexplained shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>
New or unexplained sore throat?	<input type="checkbox"/>	<input type="checkbox"/>
New or unexplained muscle aches?	<input type="checkbox"/>	<input type="checkbox"/>
New or unexplained headache?	<input type="checkbox"/>	<input type="checkbox"/>
New or unexplained loss of smell or taste?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to ***any*** of these questions, send this form to your supervisor immediately, go home, stay away from other people, and contact your healthcare provider.

If you answered No to all of these questions, you do not need to send this form to your supervisor each day. Instead, send the form to your supervisor at the end of your work week.

Date: _____ Time: _____ Facility: _____
MM/DD/YYYY

Work Location(s)

Symptom	Yes	No
Take your temperature. Higher than 100.4?	<input type="checkbox"/>	<input type="checkbox"/>
New or unexplained cough?	<input type="checkbox"/>	<input type="checkbox"/>
New or unexplained shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>
New or unexplained sore throat?	<input type="checkbox"/>	<input type="checkbox"/>
New or unexplained muscle aches?	<input type="checkbox"/>	<input type="checkbox"/>
New or unexplained headache?	<input type="checkbox"/>	<input type="checkbox"/>
New or unexplained loss of smell or taste?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to ***any*** of these questions, send this form to your supervisor immediately, go home, stay away from other people, and contact your healthcare provider.

If you answered No to all of these questions, you do not need to send this form to your supervisor each day. Instead, send the form to your supervisor at the end of your work week.

Revised: 10/27/2020