## SINCLAIRVILLE FREE LIBRARY HEALTH SCREENING ASSESSMENT

			In the Last 14 Days Have You Had COVID: (circle Yes or No)			Manager
			COVID.	Positive	Positive	Review
DATE	STAFF/VOLUNTEER NAME	Temperature	Symptoms	Test	Contact	(Initial)
			Y/N	Y/N	Y/N	
			Y/N	Y/N	Y/N	
			Y/N	Y/N	Y/N	
			Y/N	Y/N	Y/N	
			Y/N	Y/N	Y/N	
			Y/N	Y/N	Y/N	
			Y/N	Y/N	Y/N	
			Y/N	Y/N	Y/N	
			Y/N	Y/N	Y/N	
			Y/N	Y/N	Y/N	
			Y/N	Y/N	Y/N	
			Y/N	Y/N	Y/N	
			Y/N	Y/N	Y/N	
			Y/N	Y/N	Y/N	
			Y/N	Y/N	Y/N	
			Y/N	Y/N	Y/N	
			Y/N	Y/N	Y/N	
			Y/N	Y/N	Y/N	
			Y/N	Y/N	Y/N	

## **Symptoms of COVID:**

Fever or chills

Cough

Shortness of breath or difficulty breathing Fatigue

Muscle or body aches

Headache

New loss of taste or smell

Sore throat

Congestion or runny nose

Nausea or vomiting

Diarrhea

## Instructions:

- 1.) Staff/volunteer shall take their temperature at home.
- 2.) Staff/volunteer shall record their temperature and answer the three questions.
- 3.) Assessment responses shall be reviewed by Manager or Board President.