



## HEALTH SCREENING CHECKLIST

If a rider, volunteer, employee or vendor answers “Yes” to any of the screening questions, they should be advised to go home, stay away from other people, and contact their health care provider.

**Please circle “Yes” or “No” to each question.**

**Do you have:**

Fever over 100 degrees or feeling feverish?	YES	NO
Chills?	YES	NO
A new cough?	YES	NO
Shortness of breath?	YES	NO
A new sore throat?	YES	NO
New muscle aches?	YES	NO
New headache?	YES	NO
Congestion or runny nose?	YES	NO
Nausea, vomiting, diarrhea?	YES	NO
New loss of smell or taste?	YES	NO
Within the past 14 days, have you been in close physical contact (6 feet or closer for at least 15 minutes) with a person who is known to have laboratory-confirmed COVID-19 or with anyone who has any symptoms consistent with COVID-19 that you know of?	YES	NO
Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?	YES	NO
Are you currently waiting on the results of a COVID-19 test?	YES	NO

**Printed Name:** \_\_\_\_\_

**Circle One:**      Rider                  Volunteer                  Employee                  Vendor