

(SPACE NAME/LOGO)

## Self Screening Form (TEMPLATE)

As you know, the COVID-19 virus is present within our city and a pandemic has been declared around the world. We are implementing a Self-Screening Protocol that Members must use to assess their own health status prior to entering any [SPACE NAME] location.

If you check the box to any of the questions, you are NOT PERMITTED to enter [SPACE NAME] and we recommend you stay home.

- I have been in close contact with a person who is experiencing symptoms or has been diagnosed with COVID-19.
  
- I have recently tested positive for COVID-19
  
- Have you recently experienced any of the following symptoms? Check all that apply.
  - Fever > 100.4
  - Body aches or headaches
  - Cough, sore throat, or runny nose
  - Feeling chills, or feverish
  - Shortness of breath or difficulty breathing