## **Employee Screening Questions**



Please talk through each of these questions with each employee before they enter the campus.

Na	Name: Employee ID:		
Da	te of Initial Completion:		
На	ve you traveled outside of the state you live in the past 14 days? Where?		
Нс	ow did you travel? Plane Car		
На	ve you		
	Traveled internationally in the past 14 days?	Υ	N
	Taken a cruise in the past 14 days?	Υ	N
	Been in close proximity to a suspected or confirmed case of COVID-19?	Υ	N
	Been exposed to anyone who has or had been quarantined?	Υ	N
	Experienced any flu-like symptoms or respiratory illness? (coughing, fever, shortness of breath, sore throat) *circle all symptoms that apply*	Y	N

What is your current temperature? (A Trilogy employee will take your temperature). \_\_\_\_\_

Employee temperatures will be monitored for the next two weeks.

ASK THE EMPLOYEE IF THERE HAVE BEEN ANY CHANGES IN THEIR RESPONSES TO THE ABOVE QUESTIONS SINCE THEIR LAST SCREENING: If YES, then complete a new form.

## EMPLOYEE SCREENING CHART: FILL OUT FOR EACH EMPLOYEE, EVERY SHIFT.

DATE	TEMP.	SCREENER INITIALS	DATE	TEMP.	SCREENER INITALS

DATE	ТЕМР.	SCREENER INITIALS	DATE	ТЕМР.	SCREENER INITALS
				15.00	5029003,110