Sample Daily Sign-In Sheet

All volunteers, staff and visitors are to sign in and acknowledge any contact or symptoms listed below:

Have you or has anyone in your home had contact within the last fourteen days with any person under screening/testing for COVID-19, or with anyone with known or suspected COVID-19?

Do you currently have any of the following symptoms?

- o Fever (100.4°F or higher), or a sense of having a fever.
- o New cough that you cannot attribute to another health condition.
- o New shortness of breath that you cannot attribute to another health condition.
- o New sore throat that you cannot attribute to another health condition.
- o New muscle aches (myalgias) that you cannot attribute to another health condition, or that may have been caused by a specific activity (such as physical exercise).

DATE	TIME IN	NAME	APPROVED SCREENING YES/NO	TIME OUT

SAMPLE