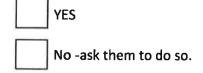
Employee /Vendor Covid-19 Screening Questionnaire

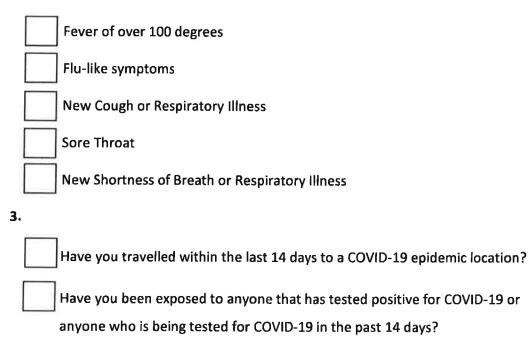
NAME:	BUSINESS NAME	DATE:	

REASON for ENTRY: ______ TIME:

1. Have you washed your hands or used alcohol-based hand rub with 60-95% alcohol on entry?



2. Do you have any of the following symptoms?



Admitted? YES NO Screener Name: _____