**EMPLOYEE SCREENING REGISTER**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SCREENING QUESTIONS** | **MONDAY** | | **TUESDAY** | | **WEDNESDAY** | | **THURSDAY** | | **FRIDAY** | | **Saturday** | | **Sunday** | |
|  | Temperature | | Temperature | | Temperature | | Temperature | | Temperature | | Temperature | | Temperature | |
|  | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **YES** | **NO** | **YES** | **NO** | **YES** | **NO** | **YES** | **NO** | **YES** | **NO** | **YES** | **NO** | **YES** | **NO** |
| 1. Do you have a fever? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Any new or worsening cough? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Headaches & Chills? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Any shortness of breath? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Hoarse voice? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Difficult swallowing? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Unexplained fatigue? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. New smell or taste disorders? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Any runny or nasal congestion? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Any vomiting, diarrhea or abdominal pains? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Have you attended funerals? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Have you travelled or been in contact with someone who’s infected? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Have you had close contact with anyone with respiratory illness or a probable Covid-19? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Employee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Contact No.: | Email: | Job Title |
| Alternative Contact: | Next of keen: | Home Address: |