Assisting Hands®
Home Care

COVID-19

STAFF SCREENING LOG

ALL EMPLOYEES: Completion of the screening is mandatory per COVID-19 prevention protocols.

If you mark ANY ANSWERS as "Y" (Yes), or your temperature is 99.6º or greater, you will need to call the office immediately at 847-908-1525

By signing below, you acknowledge that you have answered the questions below truthfully and to the best of your ability. You also acknowledge the harm that can come to the clients and staff by falsifying your answers and withholding important information such as testing COVID-19 positive or pending test results.

Date	Time	Have you traveled outside the United States in the last 14 days? **(Y or N)**	Have you traveled outside your state of residency in the last 14 days? **(Y or N)**	Have you been in direct contact (with 6 feet) of someone with a confirmed case of COVID-19 in the last 14 Days? **(Y or N)**	Do you currently have symptoms of a respiratory illness (new or worsening cough, shortness of breath/difficulty breathing, sore throat, chills, repeated shaking with chills, muscle pain, headache, new loss of taste or smell, nausea, vomiting, diarrhea)? **(Y/N)**	Have you taken any fever reducing meds in the last 4-6 hours? **(Y or N)**	Record employee temperature	**Employee Signature**	Admin initials and date