



COVID-19 SELF-SCREENING

PLEASE ANSWER THESE QUESTIONS BEFORE
CLOCKING IN FOR WORK EVERY DAY!

Have you had any of the following symptoms since your last day at work or the last time you were here that you cannot contribute to another health condition?

Please answer “yes” or “no” to each question. Do you have:

- Fever (100.4 or higher), or feeling feverish?
- Chills?
- A new cough?
- Shortness of breath
- A new or unusual sore throat?
- New or unusual muscle aches?
- New or unusual headache?
- New loss of smell or taste?

If you answer “yes” to any of the above screening questions or you have a measured temperature of 100.4 or higher, you should:

- Go home
- Contact your manager and/or HR Director
- Stay away from other people
- Contact your healthcare provider

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Dated: XXXXXXXX