**Daily Pre-Shift Self-Screening Questionnaire**

**Daily Pre-Shift Self-Screening Questions**

***Before each and every shift or assigned schedule prior to entering any JF&CS worksite***, take your temperature, take stock of how you are feeling, and answer the questions below. ***After doing so, if you answer YES to any of the questions,*** ***please contact your direct supervisor and do not come to work.*** Your direct supervisor will alert HR. The information will be used to determine whether you might pose a heightened risk of transmitting COVID-19 to our clients and your co-workers.

Have you had any of the following symptoms in the last 14 days: Fever of 100.4°F or higher (actual or subjective, intermittent or constant), or cough, or shortness of breath, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell? Yes [ ]  No [ ]

Has any member of your household, any person for whom you provide care, or any intimate partner been diagnosed with or suspected to have COVID-19 in the past 14 days? Yes [ ]  No [ ]

Have you been in close, prolonged contact (within 6 feet for 10 minutes or more with the use of personal protective equipment) with anyone diagnosed with or suspected to have COVID-19 in the past 14 days? Yes [ ]  No [ ]

Have you had direct contact with the bodily secretions of anyone diagnosed with or suspected to have COVID-19 (e.g., being coughed on, touching used tissues with a bare hand, sharing food or drink) in the past 14 days? Yes [ ]  No [ ]

Have you or anyone with whom you’ve been in contact travelled internationally or domestically in the past 14 days? Yes [ ]  No [ ]

Have you or anyone you have been in contact with been advised to self-quarantine or self-isolate for reasons related to COVID-19? Yes [ ]  No [ ]