GAMEHAVEN COUNCIL CAMPER ILLNESS SCREENING FORM

- Use one form for EACH employee.
- At the start of each shift, have the employee complete this form and initial it.
- Have the manager or supervisor sign off before the employee begins work.

CAMPER NAME:	**PHONE:**

<u>In the last 7 days</u>: Have you had <u>any</u> of these symptoms?

<u>In the last 14 days</u>: Have you been in contact with someone who's had any of these symptoms or been diagnosed with COVID-19?

	SYMPTOMS:			
DATE	• **FEVER OR FEELING FEVERISH** • **NEW COUGH** • **SHORTNESS OF BREATH** • **NEW LOSS OF SMELL OR TASTE**	• **NEW SORE THROAT** • **NEW MUSCLE ACHES** • **NEW HEADACHE** • **CHILLS**	**EMPLOYEE INITIALS**	**SUPERVISOR INITIALS**
	Y	**N**		
	Y	**N**		
	Y	**N**		
	Y	**N**		
	Y	**N**		
	Y	**N**		
	Y	**N**		
	Y	**N**		
	Y	**N**		
	Y	**N**		
	Y	**N**		
	Y	**N**		
	Y	**N**		
	Y	**N**		
	Y	**N**		
	Y	**N**		
	Y	**N**		
	Y	**N**		
	Y	**N**		
	Y	**N**		
	Y	**N**		

If you have any of these symptoms, report them to your manager.

If you are sick, do not work.