**GMSD STAFF SCREENING LOG**

**INSTRUCTIONS:** Please complete daily for any work on-site. If your temperature exceeds 100.4 degrees Fahrenheit or you answer “yes” to any of the below questions, do not report on-site to or leave the premises immediately if already on-site and seek medical care and/or COVID-19 testing. GMSD will maintain the confidentiality of employee health information.

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| **Staff Name:** | | | | | | | |
| **DATE** | **Have you been in close contact with a confirmed case of COVID-19?** | **Current Temperature of 100.4 or greater?** | **Cough, shortness of breath, sore throat?** | **Fever in last 48 hours?** | **New loss of taste or smell?** | **Vomiting or diarrhea in last 24 hours?** | **Staff Initials** |
| *7/29/20* | *Y/N* | *Y/N* | *Y/N* | *Y/N* | *Y/N* | *Y/N* |  |
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