(insert your letterhead)

Daily pre-shift COVID-19 Questionnaire

NO.	NAME	Have you been in contact with someone with COVID-19?		Do you have a fever?		Do you have a cough?		Do you sneeze?		Do you have a runny or stuffy nose?		Do you have difficulty breathing or shortness of breath?	
1.		yes	no	yes	no	yes	no	yes	no	yes	no	yes	no
2.		yes	no	yes	no	yes	no	yes	no	yes	no	yes	no
3.		yes	no	yes	no	yes	no	yes	no	yes	no	yes	no
4.		yes	no	yes	no	yes	no	yes	no	yes	no	yes	no
5.		yes	no	yes	no	yes	no	yes	no	yes	no	yes	no
6.		yes	no	yes	no	yes	no	yes	no	yes	no	yes	no
7.		yes	no	yes	no	yes	no	yes	no	yes	no	yes	no
8.		yes	no	yes	no	yes	no	yes	no	yes	no	yes	no
9.		yes	no	yes	no	yes	no	yes	no	yes	no	yes	no
10.		yes	no	yes	no	yes	no	yes	no	yes	no	yes	no
11.		yes	no	yes	no	yes	no	yes	no	yes	no	yes	no
12.		yes	no	yes	no	yes	no	yes	no	yes	no	yes	no
13.		yes	no	yes	no	yes	no	yes	no	yes	no	yes	no
14.		yes	no	yes	no	yes	no	yes	no	yes	no	yes	no
15.		yes	no	yes	no	yes	no	yes	no	yes	no	yes	no
16.		yes	no	yes	no	yes	no	yes	no	yes	no	yes	no
17.		yes	no	yes	no	yes	no	yes	no	yes	no	yes	no
18.		yes	no	yes	no	yes	no	yes	no	yes	no	yes	no
19.		yes	no	yes	no	yes	no	yes	no	yes	no	yes	no
20.		yes	no	yes	no	yes	no	yes	no	yes	no	yes	no
21.		yes	no	yes	no	yes	no	yes	no	yes	no	yes	no
22.		yes	no	yes	no	yes	no	yes	no	yes	no	yes	no
23.		yes	no	yes	no	yes	no	yes	no	yes	no	yes	no
24.		yes	no	yes	no	yes	no	yes	no	yes	no	yes	no
25.		yes	no	yes	no	yes	no	yes	no	yes	no	yes	no
26.		yes	no	yes	no	yes	no	yes	no	yes	no	yes	no
27.		yes	no	yes	no	yes	no	yes	no	yes	no	yes	no
28.		yes	no	yes	no	yes	no	yes	no	yes	no	yes	no
29.		yes	no	yes	no	yes	no	yes	no	yes	no	yes	no
30.		yes	no	yes	no	yes	no	yes	no	yes	no	yes	no
31.		yes	no	yes	no	yes	no	yes	no	yes	no	yes	no
32.		yes	no	yes	no	yes	no	yes	no	yes	no	yes	no
33.		yes	no	yes	no	yes	no	yes	no	yes	no	yes	no
34.		yes	no	yes	no	yes	no	yes	no	yes	no	yes	no
35.		yes	no	yes	no	yes	no	yes	no	yes	no	yes	no
36.		yes	no	yes	no	yes	no	yes	no	yes	no	yes	no
37.		yes	no	yes	no	yes	no	yes	no	yes	no	yes	no
38.		yes	no	yes	no	yes	no	yes	no	yes	no	yes	no
39.		yes	no	yes	no	yes	no	yes	no	yes	no	yes	no
40.		yes	no	yes	no	yes	no	yes	no	yes	no	yes	no

Name of person asking: _____ Site Manager: _____DATE:_____