Daily Screening by Transportation Personnel:

Before Entering Vehicle:

Any person providing participants with direct transportation to and from the program must conduct the same screening to all staff, participants and personnel planning to travel on the vehicle before they are permitted to enter the vehicle.

Today or in the past 24 hours, have you or any household members had any of the following symptoms (not associated with a pre-existing condition)?

_____ Fever (temperature of 100.0°F or above), felt feverish, or had chills?
_____ Cough?
_____ Sore throat?
_____ Difficulty breathing?
_____ Abdominal pain?
_____ Unexplained Rash?
_____ Fatigue?
_____ Headache?
_____ New loss of smell/taste?
_____ New muscle aches?
_____ Nausea or vomiting?
_____ Diarrhea?

Have you received a positive test result for COVID-19? When was the date of the test?
Are you waiting to receive results of a COVID-19 test? _____

In the past 14 days, have you had close contact with a person known to be infected with the novel coronavirus (COVID-19)? _____

Screener ________________________________________________________________
Staff Name _______________________________________________________________
Program Member Name ____________________________________________________

Date ____________
Time ____________