Pulaski County Daily Screening Log for Employees:

DATE: _____

START TIME OF SESSION: _____

SIGNATURE OF SCREENER: _____

NAME	FEVER		COUGH		SORE THROAT		SHORTNESS OF BREATH		HAVE YOU HAD CLOSE CONTACT WITH OR CARED FOR SOMEONE WITH COVID-19 IN THE LAST 10 DAYS?		HAS ANYONE IN YOUR HOUSEHOLD TESTED POSITIVE FOR COVID-19 OR ARE AWAITING PENDING RESULTS FROM A COVID-19 TEST IN THE LAST 10 DAYS?	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No