



Daily Symptom Screening Tracker

This form, to be completed daily, will track the health for each worker in an Excel document saved in your Google drive for easy reference.

First Name: _____ Last Name: _____

Today's Date: _____ Enter Your Current Temperature: _____

If you have felt any of the listed symptoms below put a check mark beside it. If you have NOT felt any of these symptoms put a check beside NONE.

Fever or chills

Muscle or body aches

Congestion or runny nose

Cough

Headache

Nausea or vomiting

Shortness of breath or difficulty breathing

New loss of taste or smell

Diarrhea

Fatigue

Sore throat

NONE

Are there any concerns you'd like to mention?

Click the link and enter your location to find a health center closest to you.

<https://findahealthcenter.hrsa.gov/>