SETRPC COVID-19 SCREENING FORM

Date: _____ Employee/GuestName:_____

Time: _____ Measured Temperature:_____

____ I am currently experiencing the following new or worsening signs or symptoms of possible COVID-19 (Check all below that apply):

____ Cough

____ Shortness of breath of difficulty breathing

____ Chills

____ Repeated shaking with chills

____ Muscle pain

____ Headache

____ Sore Throat

____ Loss of taste or smell

____ Diarrhea

____ Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit

____ Known close contact with a person who is lab confirmed to have COVID-19

____ I am currently NOT experiencing any of the above listed new or worsening signs or symptoms of possible COVID-19.

_____ _____

Employee/Guest Signature Screener Signature

2210 Eastex Freeway Beaumont, Texas 77703-4929
(409) 899-8444 | (409) 347-0138 fax
setrpc@setrpc.org | http://www.setrpc.org