MINOT-SLEEPER LIBRARY
COVID-19 DAILY SCREENING QUESTIONNAIRE
TO BE COMPLETED PRIOR TO COMING INTO THE LIBRARY.

1. Have you been in close contact with a confirmed case of COVID-19?  Y  N

2. Have you had a fever of 100 degrees Fahrenheit (100.0°F) or above (please take your own temperature every morning at home) or have you felt feverish (chills, clammy) in the last 72 hours?  Y  N

3. Are you experiencing any respiratory symptoms including a runny nose, sore throat, cough, or shortness of breath?  Y  N

4. Are you experiencing any new muscle aches or chills?  Y  N

5. Have you experienced any new change in your sense of taste or smell?  Y  N

6. Please document your temperature reading before arriving to work.  _______

If you answer yes to any of these questions, please do not report to work. Please call the Library Director or her designee and seek medical advice immediately.