

NAME: _____

DATE: _____

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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.

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