Loyal Order of Moose Employee/Volunteer COVID-19 Screening Log*

See instruction sheet for sypmtoms and description of questions.

Date	Shift	Name			F 4	11	T
		Ivaille	Sick in the	Symptoms		nousenoid	Temp over
6-2	Am/Pm		Last 14 days	Today	COVID		100.4
			Y / N	Y / N	Y / N	Y / N	Y / N

⁻If your temprature is over 100.4 you must return home and quarantine for 14 days.

^{*}A staff member/volunteer cannot be required to use this form, but will need to fill out an individual form to be kept in a confidential file in the office.

Instruction Sheet for Employee/Volunteer COVID-19 Screening Log Symptoms and Descriptions

Date: Todays Date

Shift: Am/Pm/Dinner

Name: Your Name

Sick in the last 14 days:

Symptoms Today: Do you have new or worsening onset of any of the following symptoms: fever, cough, shortness of breath,

runny nose, sore throat, chills, body aches, fatigue, headache, loss of taste/smell, eye drainage, congestion?

Exposed to COVID: Have you been exposed to someone being tested for COVID-19 or who has symptoms compatible with COVID-19?

Household: Are any members of your household a close contact on quarantine for exposure to COVID-19?

Temp Over 100.4: With the scanner at the Moose, do you have a temp over 100.4?

IF you have answered yes to any of these questions:

Please remain home or leave the lodge

Call the administrator/manager and follow your lodges sick call protocal to cover the shift