CLOSTER, HARRINGTON PARK & HAWORTH

SENIOR VAN

TODAY'S DATE:_____

PRINT YOUR NAME:_____

ANSWER ALL OF FOLLOWING QUESTIONS:

1. **CHECK ONE:**

_____ I **DO NOT** HAVE A FEVER ABOVE 100.4 DEGREES FAHRENHEIT.

_____ I **DO** HAVE A FEVER ABOVE 100.4 DEGREES FAHRENHEIT.

2. **CHECK ONE:**

_____ **I DO NOT** HAVE ANY OF THE CORONA VIRUS SYMPTOMS OF FEVER, COUGH, BODY ACHE, CHILLS, FATIGUE, VOMITING, INTESTINAL DISTRESS, RASH, LOSS OF SMELL OR TASTE.

_____ **I DO** HAVE SOME OF THE CORONA VIRUS SYMPTOMS OF FEVER, COUGH, BODY ACHE, CHILLS, FATIGUE, VOMITING, INTESTINAL DISTRESS, RASH, LOSS OF SMELL OR TASTE.

3. **CHECK ONE:**

_____ I **HAVE NOT** BEEN EXPOSED TO ANYONE ELSE IN MY HOUSEHOLD THAT HAS SYMPTOMS OR IS POSITIVE WITH CORONA VIRUS OR COVID-19.

_____ I **HAVE** BEEN EXPOSED TO SOMEONE ELSE IN MY HOUSEHOLD THAT HAS SYMPTOMS OR IS POSITIVE WITH CORONA VIRUS OR COVID-19.

EMPLOYEE SIGNATURE: _____

THIS FORM MUST BE COMPLETED, SIGNED AND TURNED IN BEFORE YOU BEGIN YOUR TRIP.