



Daily Wellness Check – A separate form is required for each day of work.

Please respond to these questions:

- | | |
|--|--------------|
| 1. Do you feel sick or are you having any health symptoms that are not normal today? | Yes___ No___ |
| 2. Is anyone that lives in your house/apartment sick? | Yes___ No___ |
| 3. Have you been around anyone with coronavirus symptoms? | Yes___ No___ |

It is required that your supervisor review your temperature prior to beginning each work shift.

Your temperature today: _____

If your temperature is 100.4 or above, you will not be permitted to work.

Symptoms of Covid-19

- | | |
|-----------------------|------------------------|
| - Cough | - Muscle Pain/Headache |
| - Shortness of Breath | - Sore Throat |
| - Fever | - Loss of Taste/Smell |

Important reminders during your workday that every employee should be following:

1. Masks and gloves must be worn by all SYC staff members.
2. Maintain a minimum distance of 6 feet apart from others throughout the day.
3. When coughing or sneezing, do so into the elbow of your arm.
4. Frequently wash your hands with soap and water for at least 20 seconds.
5. Use hand sanitizer if soap is not available.
6. Avoid touching your mouth, eyes, nose with unwashed hands.

Employee Name: _____

Date of Work: _____

Signature: _____

Supervisor's Initials: _____