

**BCL Aquatics Department: COVID-19 Employee Screening Daily Checklist\***

Date of Screening: \_\_\_\_\_

Employee	Time	Temperature	Are you currently experiencing any of the following symptoms?							History of Exposure Have you or a member of your household tested positive and/or been tested for COVID-19?	Employee Notes: please document any concerns found during the screening and/or any positive findings.
			Fever	Cough	Shortness of breath	Chills	Muscle pain	Sore throat	Loss of smell/ taste		

*\*This screening has been adopted based on the CDC guidelines for COVID-19*

This screening was conducted by the lifeguard supervisor and/or their acting representative, and is being documented and recorded for liability purposes. This document shall not be dispensed to others without prior written consent from the employees listed on the document. Signature of the screening verifies that this information has not been falsified. Should an employee answer yes to any of the above questions, they shall be sent home immediately, and paid for that day's work. Physician clearance is required prior to them returning to work.

Leadership team member completing report: \_\_\_\_\_

Date: \_\_\_\_\_

Leadership team member signature: \_\_\_\_\_