Masonic Village Employee Screening Form

In order to protect our residents, the CDC is requesting that all employees be screened **prior** to work. Please complete the following questions:

1. Have you traveled internationally in the last two weeks?
   
   _____Yes / _____No

2. Have you been on a cruise in the last two weeks?
   
   _____Yes / _____No

3. Have you come in contact with any individual that has been identified as a person known to have COVID-19 or someone presumed to have COVID-19 or are ill with a respiratory illness (i.e. flu)
   
   _____Yes / _____No

4. Have you had any symptoms in the last 48 hours?
   
   • Temp _______°F
     
     _____Yes / _____No
   
   • New or Change in cough
     
     _____Yes / _____No
   
   • Shortness of breath
     
     _____Yes / _____No
   
   • New or Change in Sore throat
     
     _____Yes / _____No

5. Are you residing in a community where Covid-19 has been identified?

   _____Yes / _____No

If you answer yes to any of the above please **STOP** and notify screener. We appreciate your cooperation and support of this very important matter.

Name of Person: ____________________________  Date: ____________________________

Signature: ________________________________

_______ Initials of employee verifying screen