COVID-19 Daily Screening Log

ADA®

DATE	NAME	TEMPERATURE <100.4°F	COUGH	NEW SHORTNESS OF BREATH	ASKED TO GO HOME (Note Time Dismissed)
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No