



Coronavirus (COVID-19) Entry Screening - JPLAY

Family Name: _____ Arrival Date and Time: _____

In the past 24 hours, have you, or any member of your family, experienced any of following new symptoms:

Fever or Felt Feverish:	Yes	No
Sore Throat:	Yes	No
Chills (with or without repeated shaking):	Yes	No
Shortness of Breath:	Yes	No
Cough:	Yes	No
Headache:	Yes	No
Muscle pain:	Yes	No
Abnormal Fatigue:	Yes	No
New loss of taste or smell:	Yes	No
GI Issues (loose stool, diarrhea):	Yes	No

In the last 14 days have you, or any member of your family:

1. Been in close contact with someone who has been diagnosed with or under testing for COVID-19?	Yes	No
2. Traveled outside of the State?	Yes	No

Temperature at arrival: _____ (in Fahrenheit) Family member _____

Temperature at arrival: _____ (in Fahrenheit) Family member _____

Temperature at arrival: _____ (in Fahrenheit) Family member _____

Temperature at arrival: _____ (in Fahrenheit) Family member _____

Temperature at arrival: _____ (in Fahrenheit) Family member _____

If any of the questions are answered "yes," or the temperature reads above 100.4 degrees Fahrenheit, **the member will not be allowed access and asked not to return until they are able to answer no to all the questions and their temperature is in the appropriate range.**

Screening Completed By: _____ (print) Date: _____