

Employee and Volunteer Screening Form (Onsite)

Pastor's Name:

Location:

Date

Employee/volunteer will self-monitor their symptoms before they start their shift. Circle an answer (y=yes, n=no) for each symptom. If you marked yes to any of these symptoms:

1. Go home immediately.
2. Quarantine or isolate following CDC's guidelines.

You are not required to conduct a temperature check onsite.
Church will retain these forms in a secure place for 3 months.

After 3 months, mail completed forms to: Attention Human Resources, Rocky Mountain Conference, 2520 S Downing St, Denver Co 80210

EMPLOYEE /VOLUNTEER NAME	CHECK SYMPTOMS DAILY, BEFORE STARTING SHIFT						
	Fever 100.4°F or above	Cough	Shortness of breath or difficulty breathing	Chills	Muscle aches	Sore throat	New loss of taste or smell
	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Y N	Y N	Y N	Y N	Y N	Y N	Y N