Coronavirus (COVID-19)
Entry Screening – JCC Members

Member Name: _____ Arrival Date and Time: _____

In the past 24 hours, have you 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
Unusual 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 been in close contact with someone who has been diagnosed with or under testing for COVID-19? (note: medical professionals who wear gowns, gloves, respiratory and eye protection at all times while caring for COVID patients are not considered exposed unless there was a breach in PPE)

❒ Yes ❒ No

Temperature at arrival: _____ (in Fahrenheit)

If any of the questions are answered "yes," or the temperature reads above 100.3 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: _____