

CUSTOMER SCREENING FORM

Instructions for Businesses

- Record the Name, Email and Phone Number for each Customer
- Have a Staff Member show/ask the following questions to each customer before they are permitted entrance to your facility:
 - Are you experiencing any of the following symptoms?
 - Cough
 - Shortness of breath or difficulty breathing
 - Fever
 - Chills
 - Muscle Pain
 - Sore Throat
 - New Loss of Taste or Smell
 - Have you been in contact with someone known or presumed to have COVID-19 in the past 14 days?