

SCREENING CHECKLIST FOR VISITORS AND STAFF

Insert Name of Teacher or School

To be completed by all individuals entering the building

Name of Individual:

Contact Number:

Email address:

Has the individual had any of the following symptoms?
(Please tick)

Fever

Cough

Shortness of Breath

Persistent Pain in the chest

None of the above

Temperature check carried out : Yes / No

Additional Notes:

Date :

Signed:

This document will be filed for 21 days from the date above as proof of attendance on the above date