Wellness Check

HEALTH FORM FOR UNIT

Temperature should be taken for all unit/family members that will be onsite before anyone from your unit goes to a storefront/show-n-sell location, the parent/guardian in the household will need to call with answers to the questions below to be recorded here.

This information is to be kept by Unit Kernel.
Please maintain HIPAA confidentiality

Answer yes or no to each question. If you answer YES to any question or if your temp is over 100.4, please call your Unit Kernel and relinquish your shift giving them as much time as possible to fill the timeslot.

DATE	TEMP	NAME	FEVER of 100.4 degrees or more?	COUGH (excluding chronic cough due to a known medical reason other than COVID-19)	SHORTNESS OF BREATH (excluding shortness of breath due to a known medical reason other than COVID-19)	SORE THROAT	DIARRHEA (excluding diarrhea due to a known medical reason other than COVID-19)	CONTACT Have you had any close contact in the last 14 days with someone with a diagnosis of COVID-19?