Saint Mathews United Methodist Church

PERSONAL DAILY WELLNESS CHECK ATTESTATION

This form is completed by the Employee prior to beginning the work day.
Date _____   Time _____

DAILY TEMPERATURE CHECK

I affirm that I completed a personal temperature check at home today prior to work and that my temperature at that time is within guidelines for work readiness (temperature must be below 100.4 in order to be deemed work-ready).

My temperature is greater than or equal to 100.4°F _____
My temperature is below 100.4°F _____

If you check that you have a temperature greater than or equal to 100.4°F, you may not report to work. You are advised to seek further evaluation from your medical provider.

DAILY CONTACT CHECK (If you are able to report to work)

I affirm that I have not come into contact with any known COVID-19 positive cases during my own personal time in the last 14 days.

I have come into contact with a known COVID-19+ case _____
I have not come into contact with a known COVID-19+ case _____

If you check that you have had contact with a known COVID-19+ case in the last 14 days, you may not begin work but seek further evaluation from your medical provider.

DAILY SYMPTOM CHECK

I affirm that I have not had two (2) or more of the below known COVID-19 symptoms in the last 72 hours.

Cough	New Loss of taste/smell
Shortness of breath/difficulty breathing	Sore Throat
Fever	Muscle Pain
Chills	Repeated Shaking/Chills
Headache	

I have had two or more of these symptoms in the last 72 hours _____
I have not had two or more of these symptoms in the last 72 hours _____

If you check that you have had two (2) or more symptoms in the last 72 hours, you may not begin work and must immediately further evaluation from your medical provider.

TRAVEL

I affirm that I have not been out of state or out of the country in the past fourteen days.

I have not traveled out of state or out of the country _____
I have traveled out of state or out of the country _____

Print First and Last Name_____

Employee Signature: _____