CITY OF
ANTIOCH
CALIFORNIA

COVID-19
HEALTH SCREENING PROCESS

To do our part in preventing the spread of COVID-19 in our community and workplace, we are restricting access to this facility for anyone who may have recently been exposed to the virus.

Please read this carefully.

All visitors must wear facial coverings; maintain a minimum of six-foot distance from one another; and not engage in any unnecessary physical contact.

As a precondition of entrance to this City facility or worksite, members of the public shall be required to submit to and attest to the absence of any presentation of symptoms associated with COVID-19.

Name:_____ **TODAY'S DATE:**

Phone Number:_____ _____

1. Have you had any of the following symptoms in the last 24 hours:
   Cough: □ Y e s □ N o
   Shortness of breath or difficulty breathing: □ Y e s □ N o

2. Have you had at least two of the following symptoms in the last 24 hours:
   Chills: □ Y e s □ N o
   Repeated shaking with chills: □ Y e s □ N o
   Muscle pain or body aches: □ Y e s □ N o
   Headache: □ Y e s □ N o
   Sore throat: □ Y e s □ N o
   Congestion or runny nose: □ Y e s □ N o
   Fatigue: □ Y e s □ N o
   New loss of taste or smell: □ Y e s □ N o
   Nausea or vomiting: □ Y e s □ N o
   Diarrhea: □ Y e s □ N o

3. Have you or anyone in your household had a fever (100.4 degrees Fahrenheit or higher) in the last 24 hours? □ Y e s □ N o

4. Within the past 14 days, have you been in close physical contact (6 feet or closer for a cumulative total of 15 minutes or longer) with anyone who is known to have a positive laboratory-confirmed COVID-19 test? □ Y e s □ N o

AFFIRMED BY: _____

POSITION: _____ DATE: _____