OR Hermanson Daily COVID-19 Questionnaire																		
			JOB SITE:															
			DATE:					1								_		
			Showed up for work?		Been near/around anyone exposed?		Returned from "High Risk" region?		Feeling Feverish (100.4 or greater)		Cough?		Shortness of Breath / Difficulty Breathing?		Or at least two of these symptoms: chills, repeated shaking w/chills, headache, sore throat, new loss of taste or smell		New muscle aches that you cannot attribute to another health condition or other physical activities	
Naı	me	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	