

**COVID-19 Screener**  
**Certified Food Protection Manager**  
**Course and Exam**  
**Nov 10**

Name: \_\_\_\_\_

**Forehead temperature:** \_\_\_\_\_ °F (Normal <100°F)

**Do you have any of these symptoms that are not caused by another condition?**

Symptom	Yes	No
Fever or chills		
Cough		
Shortness of breath or difficulty breathing		
Fatigue		
Muscle or body aches		
Headache		
Recent loss of taste or smell		
Sore throat		
Congestion		
Nausea or vomiting		
Diarrhea		

	Yes	No
Within the past 14 days, have you had contact with anyone that you know had COVID-19 or COVID-like symptoms?		
Have you had a positive COVID-19 test for active virus in the past 10 days?		
Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?		

**COVID-19 Screener**  
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**Nov 12**

**Forehead temperature taken:** \_\_\_\_\_ °F (Normal <100°F)

**Do you have any of these symptoms that are not caused by another condition?**

<b>Symptom</b>	<b>Yes</b>	<b>No</b>
Fever or chills		
Cough		
Shortness of breath or difficulty breathing		
Fatigue		
Muscle or body aches		
Headache		
Recent loss of taste or smell		
Sore throat		
Congestion		
Nausea or vomiting		
Diarrhea		

	<b>Yes</b>	<b>No</b>
Within the past 14 days, have you had contact with anyone that you know had COVID-19 or COVID-like symptoms?		
Have you had a positive COVID-19 test for active virus in the past 10 days?		
Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?		