SSA Group: Daily Symptom/Temperature Tracker

Date:

Manager-on-Duty:

Unit:

Manager Instructions: Privately screen team members for the below questions before they start their shifts (during the check-in process). Circle an answer (y= yes; n=no) for each section as applicable, and in the temperature column, write down their exact temperature at the time of check-in. **(You should be filling out this document; team members should not be seeing other employees' answers, as all Daily Symptom/Temperature Trackers should be stored in private binders.)** If they answer yes to any of the below questions, please send the team member home and contact the People Department, who will help with the applicable response guidelines outlined in the #SSAFETYFIRST Team Member Management Training. **Note that the CDC continues to update its guidance on symptoms; please review the CDC site daily to monitor for updates to the COVID-19 symptoms list.**

Employee Name (Printed)	Within the last 14 days, have you been diagnosed with COVID-19 by a healthcare provider or had a test confirming you have the virus?	Do you live in the same household with, or have you had close contact with someone who, in the past 14 days, has been in isolation for COVID-19 or had a test confirming they have the virus? (Close contact includes: Lived or stayed overnight with you; stayed within six feet of you for more than 10 minutes while not wearing a mask, or exposed you to direct contact to bodily fluids.)	Temperature (Fever: ≥ 100.4°):	Have you had any one or more of the COVID-19 symptoms, as defined today on the CDC website, within the past 48 hours, that is newly occurring? Symptoms as of late May 2020 include fever, chills, cough, shortness of breath, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, and diarrhea.	In the last 14 days, have you travelled domestically outside of your normal scope of work, travelled internationally, or travelled on a cruise or river boat?	Notes (If employee is exhibiting symptoms, please describe here)
	Y N	Y N	_____°F	Y N	Y N	
	Y N	Y N	_____°F	Y N	Y N	
	Y N	Y N	_____°F	Y N	Y N	
	Y N	Y N	_____°F	Y N	Y N	
	Y N	Y N	_____°F	Y N	Y N	
	Y N	Y N	_____°F	Y N	Y N	
	Y N	Y N	_____°F	Y N	Y N	
	Y N	Y N	_____°F	Y N	Y N	
	Y N	Y N	_____°F	Y N	Y N	
	Y N	Y N	_____°F	Y N	Y N	
	Y N	Y N	_____°F	Y N	Y N	
	Y N	Y N	_____°F	Y N	Y N	
	Y N	Y N	_____°F	Y N	Y N	
	Y N	Y N	_____°F	Y N	Y N	
	Y N	Y N	_____°F	Y N	Y N	
	Y N	Y N	_____°F	Y N	Y N	
	Y N	Y N	_____°F	Y N	Y N	
	Y N	Y N	_____°F	Y N	Y N	
	Y N	Y N	_____°F	Y N	Y N	
	Y N	Y N	_____°F	Y N	Y N	