

CAMERON COUNTY PUBLIC HEALTH

Esmeralda Guajardo, MAHS
Health Administrator



James W. Castillo II, MD
Health Authority

COVID-19 Daily Symptoms Screening Log

Screening Date: _____

Time: _____

Screeener Name: _____

Name	Supervisor/Designee	Current Temperature	<i>Check all that apply:</i>													Known Close Contact to a Lab Confirmed COVID-19 Case	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Cough	Shortness of Breath/ Difficulty Breathing	Chills	Repeated Shaking with Chills	Muscle Pain	Headache	Sore Throat	Loss of Taste or Smell	Diarrhea	Fever ≥ 100°F	If fever, highest temperature.					

Staff Conducting Screening: Any individual reporting any of the above listed symptoms must be immediately reported to Supervisor or designee to be sent home.