Farmington Recreation Wellness Screening Record

Park_____

Date_____

Check only Applicabel Box(es) for Employee(s) screened

Name	Time In	Refused Wellness Screening	Experienced fever, cough, shortness of breath, sore throat, vomiting/diarrhea or loss of sense of smell or taste	Close contact in the last 14 days with an individual diagnosed with or symptons of Covid 19	Been directoed or told to self isoloate or self quarantine	Temp		
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