

**COVID-19 Risk Assessment  
Temperature Log Sheet**

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

Date: \_\_\_\_\_ Time: \_\_\_\_\_

"We are all in this TOGETHER"

**What is your current temperature?**

- 97-98.9
- 99-99.9
- 100 or greater

**Have you gathered with a group of 10 or more people at one time since you last worked?**

- No
- Yes

**Do you have unusual or new symptoms (Fever or chills, Cough, Shortness of breath or difficulty breathing, Fatigue, Muscle or body aches, Headache, New loss of taste or smell, Sore throat, Congestion or runny nose, Nausea or vomiting, Diarrhea) ?**

- No
- Yes

**Have you had direct exposure to someone who has tested positive for COVID 19 in the last 14 days?**

- No
- Yes

**Have you traveled on mass transit (bus, train, plane) since you last worked?**

- No
- Yes

I understand that during a COVID infection background check the public health department will be investigating and checking on possible exposures. If someone served by CICL becomes infected with COVID and it is shown that I did not answer these questions truthfully, it is possible that I maybe charged with neglect and my name added to the Ohio Abuser registry.