**Pre-Inspection Screening**

Inspection Location: \_

Contact name: \_

Contact Number: \_

Date and Time call placed: \_

SCREENING QUESTIONS:

**In the last 14 days has anyone on the premises had:**

Yes/No Fever Yes *I* No Cough

Yes *I* No Shortness of breath Yes *I* No Body Aches

Yes *I* No Been exposed to anyone with the flu or Covid

Yes *I* No Anyone in the premises had direct contact or

with anyone with Covid 19 or awaiting test results

If the answer to any question is YES, arrange a new appointment after the 14 day period is completed.

Completed By:. \_ Township Employee