

Screening		
Name and Surname: _____		
Temperature: _____ Date: _____		
Question	Yes	No
Do you have a high temperature?		
Do you have a cough?		
Do you have a sore throat?		
Do you have difficulty breathing? (shortness of breath)		
Do you feel weak and tired today?		
Can you smell normally?		

Screening		
Name and Surname: _____		
Temperature: _____ Date: _____		
Question	Yes	No
Do you have a high temperature?		
Do you have a cough?		
Do you have a sore throat?		
Do you have difficulty breathing? (shortness of breath)		
Do you feel weak and tired today?		
Can you smell normally?		

Screening		
Name and Surname: _____		
Temperature: _____ Date: _____		
Question	Yes	No
Do you have a high temperature?		
Do you have a cough?		
Do you have a sore throat?		
Do you have difficulty breathing? (shortness of breath)		
Do you feel weak and tired today?		
Can you smell normally?		

Screening		
Name and Surname: _____		
Temperature: _____ Date: _____		
Question	Yes	No
Do you have a high temperature?		
Do you have a cough?		
Do you have a sore throat?		
Do you have difficulty breathing? (shortness of breath)		
Do you feel weak and tired today?		
Can you smell normally?		