

# Hospitality Staff Health Screening Questionnaire

Please complete the following screening form prior to your shift. This helps ensure the safety and well-being of all staff and guests.

## Personal Information

Full Name

Staff ID / Department

Date

Phone Number

## Screening Questions

1. Do you currently have any of the following symptoms? (Check all that apply)

Fever  Cough  Sore Throat  Shortness of Breath  Loss of Taste or Smell  None of the Above

2. In the past 14 days, have you been in close contact with anyone who has tested positive for any contagious disease (including COVID-19)?

No  Yes

3. Are you currently awaiting the results of a COVID-19 or similar test?

No  Yes

4. Have you traveled internationally in the past 14 days?

No  Yes

If you answered "Yes" to any questions above, please provide details:

Type details here...

## Acknowledgement

I confirm the above information is true to the best of my knowledge.