

# 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.