## [COMPANY NAME] LICENSEE/EMPLOYEE QUESTIONNAIRE

<ol> <li>Do you currently have symptoms such as fever, chills, sweats or a temperature that is for you or is 100°F or greater?</li> <li>Do you currently have symptoms such as cough, shortness of breath, chest tightness, nausea or sore throat?</li> <li>In the past 14 days, have you had close contact with an individual diagnosed with CC.</li> <li>In the past 14 days, have you traveled on an airplane internationally or domestically.</li> </ol>	vomiting, OVID-19? ?
	leave
If the answer to ANY of these questions is "yes," then for the safety of others, you must the office immediately.	
<u>Date</u> <u>Signature</u>	