

STEP 1: SCREENING CHECK LIST

- SORE THROAT?
- RUNNY NOSE?
- COUGH?
- SHORTNESS OF BREATH?
- TIGHT CHEST?
- DIARRHEA?
- LOSS OF TASTE OR LOSS OF SMELL?

STEP 2: COVID19 CONTACT CHECK

- HAVE YOU BEEN IN CONTACT WITH ANYONE WITH KNOWN COVID19 IN THE LAST 14 DAYS?
- HAVE YOU BEEN TESTED FOR COVID AND CLEARED?

STEP 3: TEMPERATURE CHECK

- CHECK NAME OFF OF REGISTER
- NO HIGHER THAN 37.5

STEP 4: PRACTICE GOOD HYGIENE

- USE HAND SANITISER AVAILABLE
- AVOID SPITTING, CLEARING NOSE, COUGHING ETC.

