



Pre-Inspection Screening

Inspection Location: _____

Contact name: _____

Contact Number: _____

Date and Time call placed: _____

SCREENING QUESTIONS:

In the last 14 days has anyone on the premises had:

Yes/No Fever

Yes / No Cough

Yes / No Shortness of breath

Yes / No Body Aches

Yes / No Been exposed to anyone with the flu or Covid

Yes / No Anyone in the premises had direct contact or
with anyone with Covid 19 or awaiting test results

If the answer to any question is YES, arrange a new appointment after the 14 day period is completed.

Completed By: _____

Township Employee