



Ronald McDonald
House Charities
Upper Midwest

Health Screening

Name: _____ **Date:** _____

To protect everyone entering the Ronald McDonald House Charities, Upper Midwest, please do not enter today if you do not feel well or if you answer "yes" to any of the following questions.

Have you or anyone in your household had any of the following in the past 48 hours:

Eye pain?	No	Yes
Headache?		
Loss of taste and/or smell?		
Excessive fatigue?		
Fever?		
Cough?		
Shortness of breath?		
Breathing pain or difficulty?		
Sore throat?		
Diarrhea or vomiting?		
Any current skin rash or lesions?		

Exposure to any of the following in the past 3 weeks:

Chicken pox?		
Head lice?		
Measles?		
Mumps?		
Whooping cough?		
Exposure to Tuberculosis in the past 60 days?		

Exposure to an individual who tested positive for Covid-19 in the past 14 days?

If yes, contact program staff on duty		
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If the answer is NO to all of the above, you have passed the wellness screening and you MUST perform hand hygiene NOW and wear a mask when in public areas.

This signature indicates that the information stated above is true and accurate to the best of my knowledge.

Signature: _____

TEMPERATURE: