

**TOWN of RICHMOND
COVID-19 SELF-SURVEY**

EMPLOYEE NAME: _____

START DATE: _____ END DATE: _____

SYMPTOMS	FEVER 100.4+		COUGH		CHILLS		BREATHING ISSUES		SORE THROAT		MUSCLE ACHES		HEADACHE		LOSS OF SMELL		LOSS OF TASTE	
	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
WEEK 1																		
WEDNESDAY																		
THURSDAY																		
FRIDAY																		
SATURDAY																		
SUNDAY																		
MONDAY																		
TUESDAY																		
WEEK 2																		
WEDNESDAY																		
THURSDAY																		
FRIDAY																		
SATURDAY																		
SUNDAY																		
MONDAY																		
TUESDAY																		

EMPLOYEE SIGNATURE: _____

DATE: _____

*** Any YES responses are to be immediately provided to your Supervisor or the Town Manager.**