



**Baltimore County Facility Check-In (Paper Form)**

**To prevent the spread of COVID-19 and reduce the potential risk of exposure to our workforce and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in this building. Thank you for your time.**

**Are you a Baltimore County or State of Maryland employee?**

Yes

No

**Have you experienced any flu-like or new symptoms in the last 7 days? (Fever, Chills, Cough - new, or different than your usual cough, Sore throat, Shortness of breath)**

Yes

No

**In the past 7 days, have you been in contact without wearing proper PPE, with someone with flu-like symptoms or a diagnosis of COVID-19?**

Yes

No

Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_