

Daily Screening of Employees and Visitors

This document must be completed by the appointed Compliance Officer while screening and while visual observing each Visitor/ Employee / Staff / and Management, every day or meeting, before entering the workplace (or place of worship) premises.

Every person entering this place of worship must (1) wear a face mask covering the nose and mouth at all times, and (2) sanitize their hands with the provided hand sanitizer. Facilities for the washing of hands with water and soap are provided inside the place of worship.

Date: _____

Full Name	
Residential Address	
Contact details of people living in same residence	
Cell Number	
Do you have any of the following symptoms of COVID-19: fever, cough, sore throat, shortness of breath, difficulty in breathing. No person presenting with these symptoms will be allowed into the place of worship? (Y/N)	
Do you suffer from body aches, loss of smell, loss of taste, nausea, vomiting, diarrhea, fatigue, weakness or tiredness? (Y/N)	
TO BE COMPLETED BY COMPLIANCE OFFICER	
Temp (<38°C)	
Visual use of mask, & sanitizer	
Signature of Compliance Officer	

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