



PRE-SESSION STAFF CHECKLIST

Staff Name: _____

Date: _____

Please complete the following prior to any services being provided. If you indicate **NO** to any of the attestations listed below, you must contact your Supervisor prior to conducting services.

Attestation	YES	NO	If NO, provide details here
I have maintained a distance of greater than 6 feet from all others with the exception of the people I live with			
I was not to my knowledge exposed to anyone who is ill or believe to have COVID-19			
I feel well and do not have a cough, cold, fever, aches or any signs of illness			
My temperature within the past hour was taken and measured under 100.4 degrees			
To my knowledge, the people I live with have remained a distance of greater than 6 feet from everyone when outside our home			
The people I live with seem healthy and are not showing any signs of illness including coughing, cold, fever, aches or other signs of illness			

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake the responsibility to inform you of any changes therein, immediately.

Signature