## **EMPLOYEE COVID-19 SCREENING QUESTIONNAIRE**

The safety of our employees is our overriding priority. As the coronavirus (COVID-19) pandemic continues, we are monitoring the situation closely and following the guidance from the Centers for Disease Control and Prevention and local health authorities. In order to prevent the spread of the coronavirus and reduce the potential risk of exposure to our workforce, we are asking everyone to complete and submit this questionnaire prior to entering the worksite. Please do not enter the worksite until your responses have been reviewed and your entry has been approved.

Please respond to each of the following questions truthfully and to the best of your ability. Your participation is important to help us take precautionary measures to protect you and our other employees.

Name:

Phone Number (mobile/home):

Position:

	1	Representations	
		-	
1	Are you currently experiencing, or have you experienced in the past 14 days, any of the following symptoms? ( <i>Please take your temperature before you answer this question.</i> )		
	following symptoms? (Please take your temperature before you answer this question)		
	Yes 🗆 No 🗆	Fever (100.4° F/37.8° C or greater	as measured by an oral thermometer)
	Yes 🗆 No 🗆	Cough	
	Yes 🗆 No 🗆	Shortness of breath or difficulty br	reathing
	Ycs 🗆 No 🗆	Sore throat	
	Yes 🗆 No 🗆	New loss of taste or smell	
	Yes 🗆 No 🗆	Chills	
	Yes 🗆 No 🗆	Head or muscle aches	
	Yes 🗆 No 🗆	Nausea, diarrhea, vomiting	
2	In the past 14 days, have you been in close proximity to anyone who was experiencing any of the		
	above symptoms or has experienced any of the above symptoms since your contact?		
	Yes 🗆 🛛 🔊	lo 🗆	
3	In the past 14 days, have you been in close proximity to anyone who has tested positive for		
	COVID-19?		
		No 🗆	
4	Have you been tested for COVID-19 and are waiting to receive test results?		
	Yes 🗀 🛛 🔪	Io 🗆	

Have you have tested positive for COVID-19, or are you presumptively positive for COVID-19 based on your health care provider's assessment or your symptoms?

Yes 🗆 No 🗆

NOTE: If you have tested positive for COVID-19 or have been presumptively positive for COVID-19 based on your health care provider's assessment or your symptoms, please contact your manager or human resources representative when: (1) you have had no fever for at least 72 hours (3 full days), without the use of fever-reducing medications; (2) your other symptoms have improved; and at least 7 days have elapsed since your symptoms first appeared.

Certification

I hereby certify that the responses provided above are true and accurate to the best of my knowledge.

Signature:

Date: \_\_\_\_\_

Note: The information collected on this form will be used to determine only whether you may be infected with COVID-19. The information on this form will be maintained as confidential. Any questions should be directed to your manager or your human resources representative.

Access to worksite (circle one):

Approved

Denied

5