

## **COVID-19 Employee Health-Screening Questionnaire**

The safety of our employees remains the company's primary concern. As the coronavirus (COVID-19) outbreak continues to evolve and spread globally, the company is monitoring the situation closely and will periodically update company guidance on current recommendations from the Centers for Disease Control and Prevention and the World Health Organization.

To help prevent the spread of COVID-19 and reduce the potential risk of exposure to all employees, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in the building. Please complete this questionnaire prior to entering the building on your first day back to work. Should you answer yes to any of the following questions, you may be instructed to return home and contact your Manager immediately.

Name: _		Date
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of Return:

- 1. Have you or a member of your household had a confirmed case of COVID-19? Yes / No
  - a. If yes, please indicate date of positive test and confirm whether you been cleared by a licensed health care provider to resume contact within established social distancing guidelines and that you have been symptom free for at least 72 hours.
- 2. Are you or any member of your household under active guarantine due to COVID-19 exposure? Yes / No
- 3. Have you or a member of your household been in contact with anyone who has a confirmed case of, or been exposed to COVID-19? Yes / No
- 4. Have you traveled outside of the U.S. within the past 14 days? Yes / No
- 5. Have you traveled to/from any domestic destinations currently with a COVID-19 travel advisory, during the past 14 days? Yes / No If yes, please explain:
- 6. Are you experiencing any flu-like symptoms such as respiratory distress, cough, fever, or chills? Yes / No If yes, please explain:

Signature: Date:

\*Completed forms will be housed in a confidential and secure manner.\*

\*\*Please note: We reserve the right to refuse entry of any individual exhibiting symptoms of sickness upon arrival.\*\*