

Employee COVID-19 Health 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 are asking everyone to complete and submit this questionnaire prior to entering the worksite.

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.

If you answer **“yes”** to any of the following questions, please contact HR about reasonable accommodations or alternative work options.

TO BE ASKED UPON RETURN TO WORK

Yes No Do you have anyone in your home or have you interacted with anyone that is at a higher risk for contraction of COVID-19?

Yes No Is there anyone in your residence that could be more susceptible to contracting COVID-19?

TO BE ASKED WEEKLY

Yes No Have you had contact with anyone known to be infected, potentially infected or have you been exposed to someone infected with COVID-19 within the previous 14 days?

Yes No Have you or someone you've been in contact with traveled domestically or internationally in the past 14 days?

Yes No Have you or someone you've been in contact with attended a gathering where proper social distancing protocol* was not followed in the past 14 days?

TO BE ASKED DAILY

Yes No Have you experienced any of the following symptoms in the past 2-14 days: fever, cough, shortness of breath, difficulty breathing, chills, muscle pain, sore throat, new loss of taste or smell that cannot be attributed to another health condition.

PLEASE ACKNOWLEDGE THE FOLLOWING UPON ARRIVAL

I certify that I will follow my employer's COVID-19 policy.

I certify that all answers are true and correct to my best knowledge.

Signature:

Date:

* Definitions represent CDC-designated guidance and symptoms of COVID-19 at the time of drafting. For the most current list of symptoms and guidance please consult the CDC's website. This questionnaire is meant as a recommendation and should not represent a dispositive indication of an employee's exposure risk. While we tried to be comprehensive, we make no representations or warranties regarding the completeness of these materials in complying with your state and local laws. Please consult the Center for Disease Control (CDC), U.S. Equal Employment Opportunity Commission (EEOC), and appropriate authority in your jurisdiction's applicable guidance. SOURCE: U.S. CHAMBER OF COMMERCE; WSGR