

COVID-19 Employee Questionnaire

The safety of our employees, supplier partners, customers, families and visitors remain our organization's overriding priority. As the coronavirus disease 2019 (COVID-19) outbreak continues to evolve and spread globally, we are monitoring the situation closely, and will periodically update company guidance based on current recommendations from the Centers for Disease Control and Prevention and the World Health Organization. Only employees and business critical visitors are permitted at our facility at this time.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our workforce and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone at your location. Thank you for your time.

Employee Name:	Personal Phone Number (mobile/home):
Employee Business Unit:	Supervisor:
Facility Location:	

Self-Declaration by Employee	
1	Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days? <input type="checkbox"/> YES self-quarantine 14 days <input type="checkbox"/> NO
2	Have you travelled outside the country or your home area in the last 14 days? <input type="checkbox"/> YES self-quarantine 14 days <input type="checkbox"/> NO
3	Have you or someone that you have been in close contact with experienced any cold or flu-like symptoms in the last 14 days (to include a fever of at least 100.4, cough, sore throat, respiratory illness, difficulty breathing)? <input type="checkbox"/> YES self-quarantine <input type="checkbox"/> NO
4	If answered YES to question 3, has a health care provider indicated that you are able to come to work (provide note or documentation) or have you been free of fever (100.4 F) or greater, signs of a fever or any other symptoms for at least 72 hours without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants) <input type="checkbox"/> YES <input type="checkbox"/> NO

If the answer is "YES" to Questions 1-3, and "NO" to question 4 access to the facility will be denied.

Signature: _____ Date: _____

Note: The information collected on this form will be used to determine your access right to our facility. All information provided will comply with mandated privacy standards.

Access to facility (check one): ☐ Approved ☐ Denied Screened by (initials) _____