

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 daily questionnaire electronically to _____ at _____. prior to entering the worksite each day. Please do not enter the worksite until your responses have been reviewed and your entry has been approved by _____ for each day in which you will be coming to the worksite.

Please respond to each of the following questions truthfully and to the best of your ability. You may not report to work if you answer YES to ANY of the following questions. Your participation is important to help us take precautionary measures to protect you and our other employees.

Name: _____

Telephone Number: _____

Position: _____

Date: _____

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>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Fever (100.4° F/37.8° C or greater as measured by an oral thermometer)
Yes <input type="checkbox"/> No <input type="checkbox"/>	Cough
Yes <input type="checkbox"/> No <input type="checkbox"/>	Shortness of breath or difficulty breathing
Yes <input type="checkbox"/> No <input type="checkbox"/>	Sore throat
Yes <input type="checkbox"/> No <input type="checkbox"/>	New loss of taste or smell
Yes <input type="checkbox"/> No <input type="checkbox"/>	Chills/Shaking
Yes <input type="checkbox"/> No <input type="checkbox"/>	Head or muscle pains/aches
Yes <input type="checkbox"/> No <input type="checkbox"/>	Fatigue
Yes <input type="checkbox"/> No <input type="checkbox"/>	Running nose or sneezing

2	<p>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?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
3	<p>In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
4	<p>Have you been tested for COVID-19 and are waiting to receive test results?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
5	<p>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?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>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</i></p>
6	<p>In the past 14 days, have you been on a commercial flight or traveled outside of the United States?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
7	<p>In the past 14 days, have you been in close proximity to anyone who has been on a commercial flight or traveled outside of the United States?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
8	<p>In the past 14 days, have you traveled outside of Illinois?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
9	<p>Is there any reason why you feel you are at higher risk of contracting COVID-19 or experiencing complications from COVID-19 by entering the facility? If "yes", please provide a brief explanation.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Explanation: _____.</p>

- **Face Coverings/Masks.** Face coverings must be worn at all times unless you are working alone in an enclosed area. Face coverings will be provided if you do not have your own.
- **Social Distancing.** When possible, maintain 6 feet between yourself and any other person. Do not congregate while in the office, be it in a common area or individual workspaces.
- **Handwashing/Good Hygiene.** Wash your hands frequently with soap and water, scrubbing for at least 20 seconds (preferred) or use an alcohol-based hand sanitizer multiple times a day, especially after using the restroom, after contacting high-touch surfaces, and before and after eating.
- **Disinfecting.** High touch surfaces, such as restrooms, copiers, carts, elevator buttons, copiers, shared computers and door handles will be disinfected or sanitized frequently. Please do your part by wiping down any shared spaces, surfaces and supplies following use. Please regularly sanitize your personal workspace, including your keyboard, telephone and desk surface.
- **Personal belongings.** Please keep your personal items with you in your workspace and do not allow others to touch your personal belongings.

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 work _____ Approved Denied
(date)