

COVID-19 SCREENING QUESTIONNAIRE FOR EMPLOYEES, VISITORS AND VENDORS

This screening questionnaire must be applied at the entrance for all employees, visitors and vendors prior to entry into the operational areas. If the person answers “yes” to any of the screening questions this form needs to be signed by the management team member and filed by HR.

QUESTION	ANSWER (circle one)	ACTION
During the temperature check, was it confirmed your temperature was at or above 100.4F/38C?	YES NO	If yes, you must continue answering the questions below. Return home, avoid public transportation if possible and please seek medical attention.
Are you currently experiencing any symptoms of fever*, cough, shortness of breath? *100.4 F/ 38 C	YES NO	Please seek medical attention if you have these symptoms. If yes, you must self-isolate/self-quarantine at home for at least 10 days since the symptoms first appeared, and be fever free for at least 3 days before you may return to work. Call HR ahead of your return
Have you had close contact* in the last 14 days with an individual suspected or diagnosed with COVID-19? *Within 6ft and over 10 min	YES NO	If yes, you must self-isolate/self-quarantine at home for 14 days. Call HR ahead of your return
Is there anyone within your household suspected or diagnosed with COVID-19?	YES NO	If yes, you must self-isolate/self-quarantine at home for 14 days. Call HR ahead of your return
Have you travelled internationally in the last 14 days (airplane, cruise ship)?	YES NO	If yes, you must self-isolate/self-quarantine at home for 14 days after arrival. Call HR ahead of your return

If a person answers “yes” to any of the screening questions, that person is not permitted to enter the work site.

Employee/Visitor/Vendor (Name and Signature)	DATE
Supervisor (Name and Signature)	DATE