

EMPLOYEE SELF-SCREENING QUESTIONNAIRE

To prevent the spread of novel coronavirus (Covid-19) in our community, and reduce the risk of exposure to our employees and visitors, we are asking our employees and on-site consultants to conduct a daily self-screening exercise using this questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone at your workplace.

To ensure the protection of your personal data, this questionnaire is not intended to be submitted to your manager or to Human Resources, although your manager may request that you confirm that you (i) have completed this self-screening exercise on a daily basis, and (ii) self-certify that you are fit to come to work.

This questionnaire is intended solely to be used for your own self-screening to help you assess and attest to your safe access to the workplace.

SELF-DECLARATION QUESTIONS

1. Have you experienced any of the below-mentioned symptoms in the past 72 hours?

- Fever $\geq 100.0^{\circ}$ F (37.8° C) / Chills
- Dry Cough
- Sore Throat
- Loss of Taste or Smell
- Shortness of Breath
- Exhaustion & body aches consistent with flu-like symptoms
- Other symptoms of acute respiratory illness (please consider whether anyone in your immediate household exhibited any of [these](#) symptoms)

YES NO

What is your current temperature today (without the use of fever-reducing medication)? _____

IF YOU HAVE ANSWERED "YES," DO NOT REPORT TO WORK

2. Have you taken any fever-reducing or symptom-reducing medication within the last 72 hours to address any of the above-noted symptoms, including fever $\geq 100.0^{\circ}$ F (37.8° C), dry cough, shortness of breath, sore throat, body aches, etc.?

YES NO **IF YOU HAVE ANSWERED "YES" DO NOT REPORT TO WORK**

3. Have you experienced any possible *signs* of fever, such as chills, aches & pains, within the last 72 hours?

YES NO **IF YOU HAVE ANSWERED "YES" DO NOT REPORT TO WORK**

4. Has anyone in your immediate household showed any of the following symptoms in the past 14 days?

- Fever $\geq 100.0^{\circ}$ F (37.8° C) / Chills
- Dry Cough
- Sore Throat
- Loss of Taste or Smell
- Shortness of Breath
- Exhaustion & body aches consistent with flu-like symptoms
- Other symptoms of acute respiratory illness (please consider whether anyone in your immediate household exhibited any of [these](#) symptoms)

YES NO **IF YOU HAVE ANSWERED "YES" DO NOT REPORT TO WORK**

5. Within the last 14 days, have you had **close contact** with anyone diagnosed with Covid-19 ("close contact" being defined as having been within 6 feet for greater than 10 minutes or having direct contact with infectious secretions (e.g., being coughed or sneezed on) of a Covid-19 case)?

YES NO **IF YOU HAVE ANSWERED "YES" DO NOT REPORT TO WORK**

6. Have you or any member of your household travelled to any areas with widespread sustained transmission of COVID-19 (see [CDC Travel Notices](#)), including any "hotspot" or high-risk area outside of your normal commuting area in the past 14 days?

YES NO **IF YOU HAVE ANSWERED "YES" DO NOT REPORT TO WORK**

**IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, NOTIFY YOUR MANAGER.
DO NOT REPORT TO WORK.**