

COVID -19 Employee Return to Work Questionnaire

The safety of our employees, clients, families and visitors remain our overriding priority. We are monitoring the COVID-19 situation closely and will update the company guidance based on current recommendations from the Centers for Disease Control and Prevention and the World Health Organization (WHO).

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 and the taking of your temperature upon arrival to our facility. Your participation is important to help us take precautionary measures to protect you and everyone in this building. Thank you for your time and effort in keeping everyone safe during these times.

COVID-19 Employee Return to Work Questionnaire

Employee Name:	Employee Phone Number (Contact)
Work Area:	Temperature at Arrival:

Self-Declaration by Employee	
1	Have you traveled outside of the United States within the last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Have you been in close contact with anyone who has traveled outside the United States last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing, aches or pains that are unusual)? Yes <input type="checkbox"/> No <input type="checkbox"/>

If the answer is "yes" to any of the questions, access to the facility will be denied.

Signature (Employee): _____ Date: _____

(Facility use only)

Access to facility (circle one): Approved Denied