

Employee Questionnaire to Determine Status for Workplace Entrance

You must answer “NO” to all the questions in this questionnaire in order to enter our physical location. If you answer “YES” to any of the questions, please **DO NOT** enter the firm’s offices. Rather, you must immediately contact your health care professional for recommended next steps AND notify your supervisor and/or designated Pandemic Safety Officer.

1) Have you had any of the following symptoms in the last 14 days?

Symptom	Yes	NO
Cough		
Shortness of breath or difficulty breathing		
OR at least TWO of the following symptoms:		
Fever (usually 100.4 or higher)		
Chills		
Repeated shaking with chills		
Muscle pain		
Headache		
Sore throat		
New loss of taste or smell		

If you answered “Yes” to question one, please **DO NOT** come into work until you have:

- Self-quarantined for at least 7 days from the date on which you first experienced any of the above symptoms; AND
- Have had no fever for at least 3 days (without the use of fever-mitigating medication) and respiratory symptoms have improved.

2) In the last 14 days have you:

	Yes	No
Been in contact with someone who was diagnosed with COVID-19?		
Been in close contact with someone who had COVID-19 symptoms ?		
Traveled internationally or taken a cruise?		
Been diagnosed with a probable or confirmed case of COVID-19?		
Tested positive for COVID-19?		

If you answered “Yes” to any part of question two, please **DO NOT** come into work until CDC criteria to discontinue home isolation are met.

I certify to the best of my knowledge; this information is accurate.

Print Name

Signature

Date