

- a. Fever (100.4°F or higher): Yes No
 - b. Headache: Yes No
 - c. Chills: Yes No
 - d. Cough: Yes No
 - e. Sore throat that you cannot attribute to another health condition: Yes No
 - f. Muscle or body aches that you cannot attribute to another health condition, or that may have been caused by a specific activity (such as physical exercise):
Yes No
 - g. Loss of taste/smell: Yes No
 - h. Shortness of breath/difficulty breathing: Yes No
 - i. Nausea, vomiting or diarrhea: Yes No
 - j. Congestion or runny nose: Yes No
 - k. Other: _____ (describe)
6. Have you been told by a medical professional to self-quarantine? Yes No
- a. If yes, for how long (in days)?

 - b. If yes, have you been self-quarantined? If yes, since what date?

7. In the previous 30 days, have you had close contact with an individual confirmed or presumed to have COVID-19 (i.e. spent a total of 15 minutes or more over the course of a 24-hour period within 6 feet of the individual, or being coughed or sneezed on, even if the 15 minutes were not consecutive)? Yes No
- a. If yes, give the date of last contact: _____
 - b. If yes, explain your relationship to individual(s) with COVID-19:

 - c. If yes, identify the location of last contact:

 - d. If yes, identify whether any such contact is or was in your household:

8. In the previous 30 days, have you traveled to, or stopped over in, a country for which the CDC has issued a travel health notice (including but not limited to China, Iran, or Europe)? Yes No
- a. If yes, give country name and dates of travel:

9. In the previous 30 days, have you traveled domestically or internationally by airplane, bus or train?

Yes No

- a. Details: _____
- b. Date(s) of Travel: _____
- c. Destination(s): _____
- d. Accommodation(s): _____

10. In the previous 30 days have you used mass transit or public transportation?

Yes No

- a. Details: _____
- b. Date(s) of Travel: _____

11. Outside of work, have you attended any event or visited any public place in the previous 30 days where more than 10 individuals were in attendance and you were within 6 feet from any one individual for a total of 15 minutes or more, even if those 15 minutes were not consecutive? Yes No

- a. Location: _____
- b. Date(s): _____

I certify that the above information was provided to me by telephone discussion with the above-named individual on the ____ day of _____, 20____, and is accurately recorded herein.

By: _____

Print Full Name

Signature: _____

Title: _____

Confidential Checklist for Employer:

1. Did you receive any paperwork from Employee regarding their diagnosis of COVID-19?
Yes No
 - a. If yes, include in file with the Employee Response to COVID-19 Questionnaire.
2. Did you review any and all publicly available social media accounts of the employee to document recent travel or social interaction? Yes No
 - a. If any, print and include in file with the Employee Response to COVID-19 Questionnaire.
3. Did you inform all of Employee's co-workers who were in close contact with the individual in the past 14 days of the Employee's positive test/presumptive positive (without disclosing the Employee's name)? Yes No
4. Did you disinfect, pursuant to latest CDC guidelines, any and all workspaces and surfaces that the Employee had been in contact with over the past 14 days? Yes No
5. Have you implemented the latest CDC and OSHA guidelines concerning maintaining a safe and healthy workplace, including any and all applicable PPE mandates?
Yes No
6. Have you implemented the latest guidelines or mandates from any local or state regulatory body or government official applicable to your operations (i.e. state or county department of public health, local mayor's order or state governor's order)?
Yes No