

Employee Health Screening Information and Procedure

It is critical that employees do not report to work while they are experiencing respiratory symptoms such as fever, cough, shortness of breath, or sore throat, body aches, headache, chills or fatigue. Currently, the Centers for Disease Control and Prevention recommends that employees remain at home until at least 72 hours after they are free of fever (**38 Celsius**) or signs of a fever without the use of fever-reducing medications. Many times, with the best of intentions, employees report to work even though they feel ill. Employees who report to work ill will be sent home in accordance with these health guidelines.

If you are out sick or show signs of being ill, it may become necessary to request information from you and/or your health care provider to know that it is appropriate and safe for you to return to work. As always, we expect and appreciate your cooperation when medical information is sought.

Our policy is to treat medical information as a confidential medical record. Any disclosure of medical information is in limited circumstances with supervisors, managers, human resources and safety personnel, and government officials as required by law.

All nonessential travel should be avoided until further notice. You are asked to notify your supervisor of personal travel to/from areas where there is an elevated risk of exposure. Employees who travel as an essential part of their job should consult with management on appropriate action. **"Company Name"** will follow CDC guidelines regarding risk level assessment, travel restrictions and quarantine requirements.

We understand that everyone reacts differently in times like these. At **"Company Name"**, the health, safety and well-being of our employees is our number one priority. As this is a fluid situation, these guidelines may be updated as the need arises.

Daily Assessment Procedure for Shop Employees:

1. "Company Name" Safety Officer and Assistant must wear face mask and/or shield and disposable gloves.
2. "Company Name" Safety Officer will take temperature of all shop employees after clocking in for work once a shift.
3. "Company Name" Safety Officer will take temperature and have an assistant help in filling out **"Company Name" Employee Health**

Daily Assessment Procedure for Office Employees:

1. "Company Name" Safety Officer and Assistant must wear face mask and/or shield and disposable gloves.
2. "Company Name" Safety Officer will take temperature of all office employees at workstations once a shift.
3. "Company Name" Safety Officer will take temperature and have an assistant help in filling out

“Company Name” Employee Health Screening Questionnaire.

If the answer is “Yes” to any of questions 1 – 5 of the Questionnaire, or if you consent to having your temperature taken and your temperature exceeds (**38 Celsius**), access to our facility will be denied, and employee certifies that he or she will (1) seek immediately a medical diagnosis from a qualified healthcare provider; (2) inform the Company immediately of such diagnosis; and (3) provide any documentation of such treatment and diagnosis (and any continuing treatment and diagnosis of COVID-19 symptoms) to Company.

All copies of “Company Name” Employee Health Screening Questionnaire will be stored in accordance with all applicable privacy laws.

Employee Health Screening Questionnaire

To prevent the spread of COVID-19, we are conducting a simple screening questionnaire for all employees. Your participation is important to help us take precautionary measures to protect you and everyone in our facility. You may refuse to participate, but your refusal may be grounds for disciplinary action up to and including termination. Thank you for your time.

1. Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?

YES _____ NO _____

2. Have you returned from any of the countries, cities, or states listed on the CDC Travel Watch List (<https://wwwnc.cdc.gov/travel>) within the last 14 days?

YES _____ NO _____

3. Have you been in close contact with anyone who has traveled within the last 14 days to one of the countries, cities, or states listed on the CDC Travel Watch List (<https://wwwnc.cdc.gov/travel>)?

YES _____ NO _____

4. Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, loss of smell or taste, and/or difficulty breathing)?

YES _____ NO _____

5. Do you consent to having your temperature taken? YES or NO (please circle one)

Temperature Reading: _____

Date Temperature Taken: _____ Time Temperature Taken: _____

If the answer is “Yes” to any of questions 1 – 4, or if you consent to having your temperature taken and your temperature exceeds 38 , access to our facility will be denied, and employee certifies that he or she will (1) seek immediately a medical diagnosis from a qualified healthcare provider; (2) inform the Company immediately of such diagnosis; and (3) provide any documentation of such treatment and diagnosis (and any continuing treatment and diagnosis of COVID-19 symptoms) to Company.

Employee Name: PRINT _____

SIGNATURE _____

DATE: _____

ACCESS TO FACILITY (circle one): Approved Denied
