

THIS FORM IS TO BE COMPLETED AND SUBMITTED PRIOR TO REPORTING TO THE OFFICE EACH DAY

Employee Name: _____

Date: _____

My current temperature is _____

Is your temperature 100.3 or higher? **yes** **no**

Do you have a cough with shortness of breath? **yes*** **no**

Do you have body aches? **yes** **no**

If you answered yes to any one of these questions, contact your supervisor. Do not report to the office. Contact your medical provider. *If you have a chronic condition, such as asthma, that causes this symptom, and answered no to the other two questions, discuss this with your supervisor.

Have you been in close contact for an extended period of time with anyone who has been diagnosed with the COVID-19 virus? **yes** **no**

(Close contact is, 15 minutes or longer in a closed area in which a 6-foot distance was not maintained from the diagnosed individual.)

If you answered yes, contact your supervisor. Do not report to work.

While you are at the office:

- Keep 6 feet of distance between you and others at all times.
- Please immediately wash your hands or use hand sanitizer upon entering and leaving this building and touching common surfaces (door handles, packages, etc.)
- Please be mindful to cough or sneeze into a tissue or the corner of your elbow and to wash your hands often while here.

By forwarding this email to my supervisor, I certify that my answers above are true and that I will comply with the instructions provided.