

C H Murphy | | Clark-Ullman, Inc.

FIELD COVID-19 Employee Pre-Job/Daily Screening Questionnaire

Name: _____ (PRINT LEGIBLY)

Answer the following questions and provide this form to a CHMCU representative at the start of each shift. **It is imperative that you contact a CHMCU Supervisor and DO NOT report for work if you exhibit symptoms associated with COVID-19 or have been in direct contact with a positive case.**

In the case that you develop symptoms associated with COVID-19 during work hours or it is learned that you have been in close contact with a confirmed positive case, you may be asked to quarantine and recommend that you be tested, per CDC guidelines for contact tracing. Written clearance from a medical professional will be required prior to returning to work.

Screening Questions

- | | | |
|---|-----|----|
| 1. Do you have any of the following symptoms that are not caused by another health condition? | YES | NO |
| a. Fever or chills | | |
| b. Cough | | |
| c. Shortness of breath or difficulty breathing | | |
| d. Recent onset of fatigue over past two days | | |
| e. Muscle or body aches | | |
| f. Recent loss of taste or smell | | |
| g. Sore Throat | | |
| h. Congestion | | |
| i. Diarrhea/abnormal abdominal discomfort/vomiting | | |
| 2. Within the past 14 days, have you had contact with anyone known to have COVID-19 or COVID-19-like symptoms? Contact is being 6 ft or closer for more than 15 minutes or direct contact with bodily fluids from a person with COVID-19. | YES | NO |
| 3. Are you returning from international travel within the past 14 days? | YES | NO |
| 4. Have you tested POSITIVE for COVID-19 in the past 10 days? | YES | NO |
| 5. I agree to immediately notify my CHMCU supervisor and follow the CDC recommendations should I develop symptoms associated with COVID-19. | YES | NO |

I certify that the above statements are true to the best of my knowledge and I understand that I may be subject to disciplinary action in the event that the above statements are found to be falsified. I agree to practice physical distancing when possible, wear a face covering as directed, and use good hygiene and hand washing as my part of maintaining a healthy work environment.

Signature

Date

This form will be retained for the duration of this project, plus 48 hrs. in a secured project folder, then shredded.