

Health and Wellness Screening

We are asking all employees and contractors who come on-site to self-screen for COVID-19 symptoms until further notice. This is in an effort to continue taking safety measures; we are taking an abundance of caution to be sure you, your family, and co-workers are safe. By signing this form, you certify that you will screen yourself by using the following checklist before you come to a Company worksite (office, warehouse, remote/client worksite) each day.

- I have no signs or symptoms of ANY of the following within the last 24 hours: fever above 100.4 degrees, shortness of breath or difficulty breathing, persistent cough, chills, sore throat, muscle pain, or new loss of taste or smell. (As more symptoms are updated by the CDC or other public health agencies, please include those symptoms as well.)
- I understand that a daily temperature check is required due to COVID-19 pandemic and I consent to it. I will take my temperature before each shift on which I am working.
- If I develop any of the above-mentioned symptoms I will 1.) self-isolate and contact my supervisor immediately 2.) avoid contact with others 3.) remain at home until the symptoms subside or am medically cleared by a health professional and 4.) seek appropriate medical attention.
- If any one of the symptoms manifests while I am at work, I must self-isolate and inform my supervisor immediately. If it is safe for me to leave the premises on my own, then I will do so without delay. Otherwise, arrangements will be made for my safe departure.
- I have not had close contact with an individual diagnosed or suspected positive of COVID-19 within the past 14 days.

Close contact means: living in the same household, caring for, being within 6-feet, or coming in direct contact with secretions (e.g. sharing utensils, being coughed on, etc.) of a person who has tested positive for COVID-19 while that person was symptomatic.

- I have not been asked to self-isolate or quarantine by a doctor or health official.
- I acknowledge that I have not traveled for an extended period of time outside of my state of residence; if I do intend on traveling or an extended period of time I acknowledge I will inform my manager in advance and will appropriately remain away from work for 14 days upon returning home to stay in compliance with self-quarantine guidelines.

NOTE: Individuals exhibiting symptoms or unable to self-certify will be directed to leave the work site and seek medical attention and applicable testing by their health care provider. They are not to return to work until proper information is provided to the

Company. We want to be sure we are following the guidance from local, state, and federal agencies for the safety of all.

I attest that I will check this list each workday before entering the work site, and that if I cannot certify any of the items above, that I will stay home and contact my supervisor immediately. I understand this document will be placed in my medical file stored in Human Resources.

Signature

Date

COMPANY: _____