



EMPLOYEES/RECRUITERS/SUPERVISORS:

Please read and carefully answer this important questionnaire. The purpose is to determine if you are a health risk to others.

Today's date _____

Name (please print) _____ Phone _____

Do you have a fever? yes, no

Do you have a cough? yes, no

Do you have any type of upper respiratory illness? yes, no

Do you have any shortness of breath? yes, no

Is anyone in your household experiencing a fever, cough, upper respiratory illness or shortness of breath?
 yes, no

Have you returned from a trip within the last 14-days? yes, no

If yes, which state or country? _____

If yes, we will compare your answer to the list of CDC restricted areas to determine if access today is recommended or not.

Have you or anyone in your household come in contact with anyone who has returned from an out-of-country trip within the last 14-days? yes, no

If yes, which country did they visit? _____

The person completing the form should sign and date:

Signature

Date

Recruiters: Please report your findings to Sherry Marshall and file in the employee file.