



Pre-entry Questionnaire - COVID-19 Assessment

Name: _____

Date: _____

Have you been provided the Policy and Privacy Notice?

Yes No

Temperature upon arrive at workplace below 100.4:

Yes
 No Taken by: _____

In the past 14 days have you experienced:

Fever (100.4 or higher):

Yes
 No

Fatigue:

Yes
 No

Cough:

Yes
 No

Sneezing:

Yes
 No

Aches and Pains:

Yes
 No

Loss of taste or smell

Yes
 No

Runny or Stuffy Nose:

Yes
 No

Sore throat:

Yes
 No

Diarrhea:

Yes
 No

Headaches:

Yes
 No

Shortness of breath:

Yes
 No

In the past 14 days have you:

Been in close contact with anyone who has exhibited any symptoms?

Yes
 No

Been in contact with anyone who has tested positive for COVID-19?

Yes
 No

Traveled to a restricted area that is under a Level 2, 3, or 4 Travel Advisory according to the U.S. State Department? Including: China, Italy, Iran, and most countries in Europe.

Yes
 No

Inquiries into an employee's symptoms, even if disability-related, are considered justified by the EEOC as a "reasonable belief based on objective evidence that the severe form of pandemic influenza poses a direct threat." This document shall be maintained as a confidential medical record in compliance with the ADA.



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