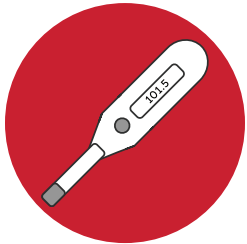


# COVID-19 EMPLOYEE QUESTIONNAIRE

This wellness questionnaire **must** be completed and submitted to your immediate manager prior to reporting to your work location each day.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_



DO YOU HAVE A FEVER?

YES

NO



ARE YOU CURRENTLY EXPERIENCING COLD OR FLU-LIKE SYMPTOMS?

YES

NO



DO YOU FEEL SICK?

YES

NO

If you answered yes to any of the above questions, **DO NOT** report to your work location. Contact your respective manager immediately.

Management: It is your responsibility to see that all of these forms are accounted for, for all salary personnel daily. You **MUST** report any discrepancies to HR immediately.