

# COVID – 19 Wellness Questionnaire

**In light of the situation regarding COVID-19, please do not enter this jobsite or report to work if you answer yes to any of the following questions:**

1. Are you experiencing any of the following symptoms: runny nose or nasal congestion, sore throat, muscle aches, nausea, vomiting, diarrhea, signs of a fever, a cough or shortness of breath within the past 72 hours, or loss of smell?
2. Have had close contact with an individual diagnosed with COVID-19 or exhibiting any of the symptoms listed above in the past 14 days?
3. Have you been asked to self-isolate or quarantine by their doctor or a local public health official?
4. Have you been asked to stay home by a Medical Professional or Board of Health because COVID-19 symptoms were experienced, and you have not been cleared to return to work?
5. Have you traveled to work with other people in a passenger vehicle without masks and gloves on?

By reporting work and signing below I attest that I answered NO to all the above questions:

<u>Printed Name</u>	<u>Signature</u>	<u>Sign in Time</u>	<u>Sign out Time</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Site Supervisor Name: \_\_\_\_\_

Site Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**THIS FORM MUST BE COMPLETED EACH DAY AND KEPT ON THE CONSTRUCTION SITE OR WITH THE SUPERVISOR FOR WORKSITES FOR 30 DAYS**