**COVID-19 Employee/Visitor/Vendor Screening Form**

Today’s Date:

Name:

Home city/county/state:

Project Name:

Contractor:

Employers should ask the following questions to all employees, visitors and vendors prior to allowing access to the workplace and/or jobsite.

1. Have you traveled internationally in the past 14 days?

Yes No

1. Have you come into close contact (within 6 feet) with someone who has a suspected or confirmed COVID – 19 diagnosis in the past 14 days either at home or on a jobsite, etc.?

Yes No

1. Have you had a fever (greater than 100.4 F or 38.0 C) OR symptoms of lower respiratory illness such as cough, shortness of breath, or difficulty breathing in the past 14 days?

Yes No

1. Are you currently experiencing a fever (greater than 100.4 F or 38.0 C) OR symptoms of lower respiratory illness such as cough, shortness of breath, or difficulty breathing?

Yes No

\*NOTE: If an employee, visitor or vendor answer ‘Yes’ to any of the above questions, ask them to leave the workplace or jobsite immediately and seek medical evaluation. Employee, visitor or vendor may return to work or the jobsite after a self-quarantine is completed for at least 7 days since symptoms first began and 3 days (72 hours) after symptoms resolve.

**Sign In:**

Employees Signature: Date:

**Sign Out:**

Has your health status changes during your work shift? Yes No

Employees Signature: Date: