

# Health Check

In response to mitigating the spread of COVID-19 and maximizing the safety of all we are requiring SECC supervisor/manager to complete this questionnaire with their team each day before the start of work.

I certify that the questions listed below are the recommendations outlined and were reviewed with each worker individually prior to beginning the workday:

## Questions – Supervisor/Manager To Ask Each Employee:

1. Do you have a fever, dry cough, shortness of breath, sore throat, nasal congestion/runny nose, body aches, nausea, vomiting, new loss of taste or smell?
2. Have you, or anyone that you have been in close contact with (within 6 feet for at least 5 minutes) or in your household been confirmed or suspected with COVID-19 symptoms?
3. In the last 14 days, have you traveled out of state, out of the US or returned from a destination with a Travel Health Notice issued by the CDC?

## Responses and Actions:

- No to ALL questions - begin work.
- **Yes** to ANY question, the worker is required to immediately leave the workplace and remain off work for the duration listed below and contact Human Resources immediately. The recommended CDC self-quarantine is suggested and to contact their physician for follow up.

## Address Symptoms – Stay at Home:

- Employee with symptoms, or who have traveled may return to the workplace at the end of 7-day period if s/he has been free of all symptoms for at least 72 hours. **A medical certification may be required prior to return to work and approved by Human Resources.**

Supervisor/Manager Print name & Initial: \_\_\_\_\_

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

# of workers: \_\_\_\_\_

Return this form to Robin Hanson. If any questions or concerns contact Robin immediately. 909 702 5398