

Daily Health Assessment Form

COVID-19 (Coronavirus)

DATE:

NAME:

COMPANY:

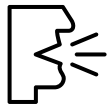
Please answer the following questions:



Have you traveled outside the country to a CDC Risk Level 3 area or been on a cruise ship in the last 14 days?

YES

NO



Are you experiencing respiratory symptoms, such as a cough or shortness of breath?

YES

NO



Have you been in close contact with someone diagnosed with COVID-19?

YES

NO



Is your temperature higher or equal to 100.4F/38C?

YES

NO

If you've answered "YES" to any of the above questions, you must inform the lead site representative and leave the job-site immediately.

SIGNATURE:

Keeping safe during COVID-19

- Use protective face coverings.
- Stay 6 feet away from other people
- Do not gather in large groups
- Stay out of crowded places or mass gatherings.
- Wash your hands with soap often and utilize hand sanitizer
- Stay home as much as possible
- Clean and disinfect surfaces & tools often
- Launder clothing and washable materials after every possible exposure

Committing to protect yourself, your families and each other.