Daily Health Assessment Form
COVID-19 (Coronavirus)

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<th>DATE:</th>
<th>NAME:</th>
<th>COMPANY:</th>
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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 100.4°F/38°C?
  - [ ] 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.