

Employee Name: _____

Date: _____

Division/Function/Occupation: _____

COVID-19 EMPLOYEE AND NEW HIRE QUESTIONNAIRE	
1.	Have you been tested for COVID-19 and currently have pending test results? <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you or someone you have been in close contact with received a confirmed positive or presumptive positive COVID-19 diagnosis within the last 10 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: If you have been fully vaccinated or have recovered from COVID-19 within the past 3 months and have had direct exposure to someone who received a confirmed positive or presumptive positive COVID-19 diagnosis, please reach out to your HR/EHS representative for next steps.</i>
3.	Are you experiencing any new or unexplained symptoms (e.g., fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea – refer to the CDC for the latest list of COVID-19 symptoms)? <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Has it been at least 10 days since your symptoms began? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable (I have not had any symptoms in the past 10 days.)
5.	Have you been fever-free, without the use of fever-reducing medications, for at least 24 hours and noted improvement in symptoms (e.g., cough, shortness of breath)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
6.	I agree to follow social distancing guidelines at my site/office/location for my safety and the safety of my fellow employees. <input type="checkbox"/> Yes

I understand that these questions are being asked to ensure my safety and the safety of my fellow employees. I affirm that I have answered all the questions truthfully. I also understand that failure to answer these questions truthfully may result in disciplinary action, up to and including termination, subject to the terms of any applicable collective bargaining agreement.

Employee Signature_____
Dated:_____
Authorized by:Send completed, signed form to your HR representative.