**Centauri COVID-19 Screening Request**

In light of the coronavirus pandemic, Centauri is implementing precautionary measures to ensure the health, safety and well-being of our employees and visitors to our sites. Please complete the following form at return it to [Security@centauricorp.com](mailto:Security@centauricorp.com).

|  |  |
| --- | --- |
| **Date:** |  |
| **Employee Name:** |  |
| **Team Lead Name:** |  |

|  |  |  |
| --- | --- | --- |
| **Questions** | **Yes** | **No** |
| Have you traveled internationally in the last 14 days? |  |  |
| Have you traveled from or through New York City in the last 14 days? |  |  |
| To the best of your knowledge, have you been in contact with anyone who has traveled internationally, or from/though New York City, in the last 14 days? |  |  |
| To the best of your knowledge, have you been in close contact with anyone who is being evaluated or has been diagnosed with COVID-19? |  |  |
| Are you experiencing or have you experienced in the last 14 days any flu-like symptoms (fever, cough, shortness of breath)? |  |  |

If you begin to experience flu-like symptoms after you submit this form, please notify your team lead. **You are under a continuing obligation to notify your team lead if your answers to any of the questions change after submitting this form.**