COVID-19 Daily Illness/Health Assessment

Employees are required to complete this illness/health assessment each and every day prior to beginning work. This assessment is vital to ensure the health and well-being of each employee and our company. Site Superintendent/Foreman will complete this form by asking each of their staff the following questions: ***An employee who answers YES to any question will not be allowed to stay at work and must immediately return home.***

1. **Are you experiencing any symptoms such as fever, cough, shortness of breath or respiratory illness?**
2. **Have you been in close contact** with anyone who has been diagnosed with COVID-19?**
3. **Have you been in close contact with anyone who may have COVID-19, but is yet to be confirmed?**
4. **Are you currently in close contact with anyone such as a family member who is experiencing symptoms or has been confirmed as positive for COVID-19?**
5. **Have you recently traveled to/from any of the Level 2 or 3 Risk areas as published by the CDC?**

Date	Employee Name	Any Yes Answer/Please List The # Question	Supt/Foreman Initial

**CLOSE CONTACT is defined as: Being within approximately 6 feet of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case or having direct contact with infectious secretions of a COVID-19 case (being coughed on).