

Entry Screening

In accordance with our Safety Policy, we thank you for your cooperation in completing this form.

Company Name * required

First Name * required

Last Name * required

Phone Number * required

AREA CODE is required.

format: XXX-XXX-XXXX

* required

In the last 14 Days, have you had close contact with an individual diagnosed with or quarantined for COVID-19?

Yes

No

* required

In the last 14 days, have you traveled via airplane domestically or internationally?

Yes

No

If any symptoms listed below are marked yes, you must immediately notify your supervisor, distance yourself from others and wait for direction from the Department Head or Human Resources Department.

* required

Have you been experiencing any of the following? (Select all that apply OR None of the above)

Fever? (100.4° [37.8° C] or greater)?

Severe headache?

New or worsening respiratory symptoms such as cough, congestion or shortness of breath?

Loss of taste or smell?

Flu like symptoms?

None of the above

This information will be kept confidential and only shared internally on a need-to-know basis, unless required/advised to be disclosed. By submitting your information, you agree and consent to this organization and its related corporations, collecting, using and disclosing this information as required, advised or directed by federal, state or local government authorities.

I certify the above information is true and I consent to it being used as specified.

* required

Consent

Submit