

COVID-19 EMPLOYEE SCREENING -

Date:	Bid Division:		Competent Person:		Symptoms / Conditions									
Employee Name	Company Name	Phone Number and/or E-mail		Time	Repeated Shaking W/ Chills	Chills	Fever	Record Temperature *When Applicable*	Muscle Pain	Sore Throat	New Loss of Taste or Smell	Shortness of Breath	Cough	Witness Initials
1					Y / N	Y / N	Y / N		Y / N	Y / N	Y / N	Y / N	Y / N	
2					Y / N	Y / N	Y / N		Y / N	Y / N	Y / N	Y / N	Y / N	
3					Y / N	Y / N	Y / N		Y / N	Y / N	Y / N	Y / N	Y / N	
4					Y / N	Y / N	Y / N		Y / N	Y / N	Y / N	Y / N	Y / N	
5					Y / N	Y / N	Y / N		Y / N	Y / N	Y / N	Y / N	Y / N	
6					Y / N	Y / N	Y / N		Y / N	Y / N	Y / N	Y / N	Y / N	
7					Y / N	Y / N	Y / N		Y / N	Y / N	Y / N	Y / N	Y / N	
8					Y / N	Y / N	Y / N		Y / N	Y / N	Y / N	Y / N	Y / N	
9					Y / N	Y / N	Y / N		Y / N	Y / N	Y / N	Y / N	Y / N	
10					Y / N	Y / N	Y / N		Y / N	Y / N	Y / N	Y / N	Y / N	
11					Y / N	Y / N	Y / N		Y / N	Y / N	Y / N	Y / N	Y / N	
12					Y / N	Y / N	Y / N		Y / N	Y / N	Y / N	Y / N	Y / N	
13					Y / N	Y / N	Y / N		Y / N	Y / N	Y / N	Y / N	Y / N	
14					Y / N	Y / N	Y / N		Y / N	Y / N	Y / N	Y / N	Y / N	
15					Y / N	Y / N	Y / N		Y / N	Y / N	Y / N	Y / N	Y / N	

The purpose of this document is to protect personnel on site. Please fill it out to the best of your ability / knowledge.

A competent person from each bid division must be selected to fill out this form and submit it daily. The competent person must fill the form out to the best of their ability and sign the bottom of the document to note their acceptance/approval of the information.

All personnel under the contract of the noted bid division must report their symptom status at the start of each shift, prior to reporting to the work area, to the competent person completing the form. This form must be completed prior to the start of each shift.

Respiratory symptoms must be witnessed. The competent person can act as witness or assign a witness.

The competent person, or EV, reserves the right to request and record a forehead temperature when applicable.

If your temperature is over 100 or you have answered yes to any of the questions, exit the facility, call your supervisor from your cell phone to report that you are leaving, and go home to self isolate.

Competent Person Signature :