



COVID-19 Questionnaire

Employee

Employee Last Name

Employee First Name

Employee MI

Date

Office

Have you, the Employee, or anyone in close contact with you traveled within the past 30 days?

Yes

No

Unsure

If yes, where to? _____

Have you, the Employee, or anyone else living in your home experienced any of the following symptoms?

Fever: Yes No Unsure

Cough: Yes No Unsure

Shortness of Breath: Yes No Unsure

Have you, the Employee, or anyone else living in your home had contact with any person known to have COVID-19 in the past 30 days?

Yes

No

Unsure

If you answer yes to any of these questions, please contact your supervisor immediately by calling the office, on-call phone or the toll free number at 1(866) 981-5500.