



CORONAVIRUS (COVID-19) SITE ACCESS QUESTIONNAIRE

YOUR LOGO HERE

XXXX PROJECT IS COMMITTED TO MAINTAINING A SAFE WORKPLACE FOR EVERYONE.

In light of recent Coronavirus (COVID-19) developments, effectively immediately, access to the worksite is limited.

ONLY WORKERS WHO ANSWER NO TO ALL THE QUESTIONS MAY BE PERMITTED ACCESS.

PROCEED HOME IF YOU:

- Are experiencing problems with breathing, have a cough or fever.
- Develop these symptoms while on site **REPORT THIS TO YOUR SUPERVISOR IMMEDIATELY.**
- Answer yes to any of the questions below.

PLEASE READ QUESTIONS AND ANSWER THE BELOW. ONLY DISCLOSE WHICH QUESTIONS WERE YES ANSWERS CONCERNING HEALTH TO HUMAN RESOURCES

IN THE PAST 14 DAYS, have had any of the following Coronavirus (COVID-19) symptoms?

COUGH YES / NO

SHORTNESS OF BREATH or DIFFICULTY BREATHING YES / NO

FEVER or CHILLS YES / NO

MUSCLE PAIN or SORE THROAT YES / NO

NEW LOSS OF TASTE or SENSE OF SMELL YES / NO

IN THE PAST 14 DAYS, have you had close contact with anyone who exhibited the above symptoms or tested positive for Coronavirus (COVID-19)? YES / NO

IN THE PAST 14 DAYS, have you returned from travel outside of this location? YES / NO

