HEALTH SURVEILLANCE QUESTIONNAIRE

Any person who enters the worksite including employees, contractors, or any other visitor, shall complete the Health Surveillance Questionnaire. If any person answers "Yes" to any of the questions below OR has a temperature of 100.4 degrees Fahrenheit or higher, they shall NOT be granted entry to the building. If it is a visitor, they may return when all answers are "NO" and there is no temperature of 100.4 degrees Fahrenheit or higher. If an employee, the same applies, but also the employee shall be referred to their immediate supervisor to follow the COVID-19 Employee Tracking Procedures.

Date	Name	Phone #	Have you had any symptom chart symptoms in last two weeks?		Temp.	*Close contact with someone with COVID-19 in the last two weeks?		**Diagnosed with COVID-19 in the past two weeks?	
			Yes	No	_____ F	Yes	No	Yes	No
			Yes	No	_____ F	Yes	No	Yes	No
			Yes	No	_____ F	Yes	No	Yes	No
			Yes	No	_____ F	Yes	No	Yes	No
			Yes	No	_____ F	Yes	No	Yes	No
			Yes	No	_____ F	Yes	No	Yes	No
			Yes	No	_____ F	Yes	No	Yes	No
			Yes	No	_____ F	Yes	No	Yes	No
			Yes	No	_____ F	Yes	No	Yes	No
			Yes	No	_____ F	Yes	No	Yes	No
			Yes	No	_____ F	Yes	No	Yes	No
			Yes	No	_____ F	Yes	No	Yes	No
			Yes	No	_____ F	Yes	No	Yes	No
			Yes	No	_____ F	Yes	No	Yes	No
			Yes	No	_____ F	Yes	No	Yes	No
			Yes	No	_____ F	Yes	No	Yes	No
			Yes	No	_____ F	Yes	No	Yes	No
			Yes	No	_____ F	Yes	No	Yes	No
			Yes	No	_____ F	Yes	No	Yes	No

* Includes household members or being within 6 feet for at least 15 minutes. Positive result from a virus test using a swab in the nose or mouth and/or a physician told you that you have COVID-19. Does not include positive antibody blood tests.

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