



### COVID-19: Screening Checklist for New Hires and Employees Returning from Leave

***ALL employees returning from leave and candidates offered employment at one of our locations must answer the following questions:***

**1. Have you been out of the country within the last 30 days?**

NO  YES Date of Return: \_\_\_\_\_

**2. If you have been out of the country within the last 30 days, have you been self-quarantined for at least 14 days since your return?**

NO  YES Dates of Self-Quarantine: \_\_\_\_\_ to \_\_\_\_\_

**3. Have you worked in a location with recognized COVID-19 cases?**

NO  YES Last Day at that Location: \_\_\_\_\_

**4. Have you worked with any person(s) with confirmed COVID-19?**

NO  YES Date of Last Contact: \_\_\_\_\_

**5. Do you have any of the following respiratory symptoms?**

- Fever (temperature of 100.4 degrees or higher)
- Sore throat
- Cough
- New shortness of breath

I confirm that this information is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission or concealment of material fact may subject me to disciplinary action up to and including termination or revocation of my offer of employment.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date