

# COVID-19 Symptom Screening

Your safety is our top priority. To that end, we are asking the following health screening questions to ensure a safe work environment. Everyone must answer these questions before they arrive to work.

Remember, if you are sick with or exhibiting symptoms of COVID-19 (fever of 100.4° or greater, chills, cough, fever, difficulty breathing, muscle aches, sore throat, diarrhea, recent loss of taste or smell), or have had close contact with someone diagnosed with COVID-19 within the last 10 days, you must not report to work.

## AICP Screening Questionnaire

Date: \_\_\_\_\_

- **Question 1:** What is your first name?  
○ \_\_\_\_\_
- **Question 2:** What is your last name?  
○ \_\_\_\_\_
- **Question 3:** What project are you working on?  
○ \_\_\_\_\_
- **Question 4:** Have you had close contact with someone who in the past 10 days was diagnosed with COVID-19 or had a test confirming they have the virus?  
*Check One:*
  - Yes
  - No
- **Question 5:** Within the last 10 days have you been diagnosed with COVID-19 or had a test confirming you have the virus?  
*Check One:*
  - Yes
  - No
- **Question 6:** Are you currently under an isolation or quarantine order?  
*Check One:*
  - Yes
  - No
- **Question 7:** Have you traveled internationally in the past 10 days?  
*Check One:*
  - Yes. If yes, to what Country(ies): \_\_\_\_\_
  - No
- **Question 8:** Have you had any one or more of these symptoms today or within the past 24 hours, which is new or not explained by a pre-existing condition?
  - Fever of 100.4° or greater, Chills, or Repeated Shaking/Shivering • Cough • Sore Throat • Shortness of Breath, Difficulty Breathing • Feeling Unusually Weak or Fatigued • Loss of Taste or Smell • Muscle Pain • Headache • Runny or Congested Nose • Diarrhea •*Check One:*
  - Yes
  - No

- Question 9: Have you been fully vaccinated? (People are considered "fully vaccinated" at  $\geq 2$  weeks after they have received the second dose in a 2-dose series or  $\geq 2$  weeks after they have received a single dose vaccine.)  
*Check One:*
  - Yes. If yes, what is the date of your last shot in the series? \_\_\_\_\_
  - No
- Question 10: By checking 'Yes' below I attest that my answers above are accurate to the best of my knowledge.
  - Yes
- Question 11: By checking 'Yes' below I affirm I will notify COMPANY if there are any changes to my answers that occur after I complete this form, and before I arrive to the work location.
  - Yes

## **COVID-19 Informational Videos (Suggested links for carrying out procedures)**

All Personnel should understand the fundamentals of required hygiene and PPE use and maintenance. To this end, information, including readily available instructional videos should be made available.

(The following are 5 examples of videos that could be used for this purpose):

- Video 1: How to Help Stop the Spread of COVID-19
  - [https://youtu.be/IE3E\\_XJPVPo](https://youtu.be/IE3E_XJPVPo)
- Video 2: What To Know About Handwashing
  - <https://youtu.be/d914EnpU4Fo>
- Video 3: Proper Donning and Doffing of Face Mask
  - <https://youtu.be/dSvffoQljHQ>
- Video 4: Proper Donning and Doffing of Face Shield
  - <https://youtu.be/EATqw6m44RY>
- Video 5: Proper Donning and Doffing of Gloves
  - <https://youtu.be/12ZD2lG7yLg>

**COVID-19 General Safety Practices**

- ENTER YOUR COMPANY'S GENERAL SAFETY PRACTICES AND/OR PRACTICES FROM THE AICP GUIDELINES YOUR COMPANY FOLLOWS.

## **Acknowledgment**

I've received and reviewed the COVID-19 General Safety Practices.

I understand the fundamentals of hygiene as well as the use and maintenance of PPE, and to this end, I have reviewed any information provided, including videos.

Nothing contained herein is intended to revoke or repeal any employee rights, either statutory, regulatory, or collectively bargained, and are not exhaustive. Nor are they a substitute for any existing safety and health-related regulatory requirements, such as those of Cal/OSHA.

*This screening check list shall be treated as a confidential medical record in accordance with federal, state and local medical and data privacy laws. It shall be retained by the Company separately from any personnel or payroll records that the Company maintains for such period as permitted under applicable law.*

By selecting 'Yes' I acknowledge the above.

Yes