

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 ≥ 2 weeks after they have received the second dose in a 2-dose series or ≥ 2 weeks after they have received a single dose vaccine.) (*An affirmative answer is not required for employment.*)
Check One:
 - Yes. If yes, what is the date you were fully vaccinated? _____
 - 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