

## COVID-19 Screening Questionnaire

In compliance with Emergency Order (2020-5) for Control of Pandemic issued by the Oakland County, Michigan Health Division Health Officer, as well as a way for control of pandemic for the entire state of Michigan, the Company requires all on-site employees to answer the following questions on a daily basis.

### TO BE COMPLETED BY THE EMPLOYEE OR VOLUNTEER

Employee or Volunteer Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Please indicate whether you have any of the following symptoms:

Fever                       Shortness of Breath                       Diarrhea  
 Cough                       Sore Throat

2. Have you been in close contact in the last 14 days with someone with a diagnosis of COVID-19?

Yes                       No

3. Have you travelled internationally or domestically in the last 14 days?

Yes                       No

### TO BE COMPLETED BY A COMPANY REPRESENTATIVE

1. Does the Employee or Volunteer indicate having one of the symptoms identified in Question 1?

Yes                       No

If "Yes," please instruct the Employee or Volunteer to leave and stay home from work or volunteering until the Employee or Volunteer has been without a fever for 3 days and 7 days have elapsed since the Employee's or Volunteer's first symptom.

2. Has the Employee or Volunteer answered "Yes" to Questions 2 or 3?

Yes                       No

If "Yes," please instruct the Employee or Volunteer to leave and stay home from work or volunteering until 14 days have elapsed from the date of close contact or date of travel.

**If the answer to both questions is "No," the Employee or Volunteer may remain at the workplace.**

I affirm that I have complied with the course of action stated above.

Company Representative Signature \_\_\_\_\_