



Forms will be submitted to the direct supervisor/manager and maintained accordingly.

COVID-19: Fit for Duty Questionnaire

To prevent the spread of the novel coronavirus (COVID-19) in our community and reduce the risk of exposure within our workplace, each employee is required to complete this questionnaire daily before entering an office or jobsite, or for a service technician, the worksite of a customer.

Date:	Time:	
Employee First and Last Name:	Branch/Jobsite:	
Supervisor/Manager First and Last Name:		
Self-Declaration by Employee		
Are you currently, or have you in the past 72 hours, exhibited any of the following symptoms? (Check all that apply.)		
Fever (over 100.4 F) or chills	Yes	No
Cough	Yes	No
Shortness of breath or difficulty breathing	Yes	No
Fatigue	Yes	No
Muscle aches or body aches	Yes	No
Headache	Yes	No
New loss of taste or smell	Yes	No
Sore Throat	Yes	No
Congestion or runny nose	Yes	No
Nausea or vomiting	Yes	No
Diarrhea	Yes	No
Yes to any of the above symptoms, if new to you and outside your normal experience, excludes you from offices, jobsites or service call worksites. You may return after 72 hours without symptoms.		
In the last 14 days, has anyone in your household been confirmed or suspected of being infected with COVID-19?	Yes	No
If so, when?		
In the last 14 days, to your knowledge, have you had close contact with anyone who has been confirmed to have COVID-19?	Yes	No
If so, when?		
<i>Close contact is defined as being within approximately six feet of someone with COVID-19 for longer than two minutes or having direct contact with infectious secretions of someone who has COVID-19 (e.g., being coughed on).</i>		
If yes, you may return 14 days after exposure, provided you have no symptoms.		
In the past seven days, have you traveled by commercial plane?	Yes	No
If yes, you may return in seven days, provided you have no symptoms.		
In the last 14 days, have you traveled outside of the country?		
If so, where?	Yes	No
In the past 14 days, have you traveled by cruise ship?	Yes	No
If yes, you may return 14 days after the completion of your trip, provided you have no symptoms.		

Employee Signature:

Date Signed: