

### COVID-19 EMPLOYEE ENTRY SCREENING QUESTIONNAIRE

In order to be allowed to work, the following questions should be asked of an employee prior to their entry into the facilities. For your protection it is suggested that you retain this form, should an employee begin to show symptoms.

#### SYMPTOM & RISK CHECKLIST

- | YES                      | NO                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have or have you had a fever of over 100.4 in the last 72 hours?         |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a cough that is not normal for you?                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you experiencing shortness of breath or difficulty breathing?               |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you experiencing body aches or chills?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a sore throat?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you experiencing a loss of smell?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you traveled outside of Central Missouri in the last two weeks?            |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been exposed to someone diagnosed with COVID-19 in the last two weeks? |

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EMPLOYEE NAME AND DATE

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EMPLOYEE SIGNATURE

Entry will be denied to any individual who refuses to complete the questionnaire in its entirety, any individual who is positive for any three (3) screening questions, and/or with new onset of the following symptoms: 1) Fever  $\geq$  100.4 in past 72 hours. 2) Persistent cough, that is not normal for you. 3) Shortness of breath.