



COVID-19 Daily Questionnaire

Instructions: The questions below must be reviewed by all employees daily. For field employees, these questions must be reviewed before work begins and this form must be attached to the Job Hazard Analysis (JHA) every day. The form does not need to be signed by every employee daily; only the foreman who reviewed it with the entire crew (including any subcontractors) and then the foreman will attach it to the JHA. However, if an employee answers "YES" to any of the questions, that employee must sign the form and contact the supervisor and HR immediately. On the JHA form, please also document that this daily questionnaire was reviewed. The best way to do so is to write "JHA Addendum" or "COVID-19 Daily Questionnaire" in the "Other" section of the JHA.

| Self – Declaration by Employee | | Yes | No |
|---------------------------------------|---|------------|-----------|
| 1. | Have you returned from any countries within the past 14 days? If so, which countries? Please include locations of any layovers you might have had during your travel.* | | |
| 2. | Have you been in contact with people potentially exposed or diagnosed with COVID-19 in the past 14 days? | | |
| 3. | Have you been in contact with anyone who has traveled to any countries within the past 14 days? If so, which countries? Please include any layovers they might have had during their travel.* | | |
| 4. | Have you experienced any cold or flu-like symptoms in the last 14 days (fever, cough, sore throat, respiratory illness, or difficulty breathing)? | | |
| 5. | In the past 14 days, have you traveled (1) by any means outside the U.S.; (2) on any commercial flights or cruise ships; and (3) by any means (including by foot or vehicle) to or from areas under a CDC Domestic Travel Advisory (currently includes New York, New Jersey, Connecticut, but is subject to change)? If you have any questions about whether a State you've traveled to or from in the past 14 days is under a CDC Domestic Travel Advisory, please contact HR. | | |

I verify that I answered honestly and to the best of my knowledge. Also, if any of the above answers change, I will immediately report to my Supervisor and HR.

Employee Signature _____ Date: _____

Print Employee Name _____ Employee ID: _____

Location (City and State) _____ Supervisor: _____