## Your responses to the below questions are strictly confidential and only used to determine entry. Due to the COVID-19 (Coronavirus) Pandemic it is necessary to follow CDC Guidelines. All visitors entering the facility or working in close proximity to Borough Employees or others must comply with CDC recognized policies and procedures including wearing PPE (personal protective equipment) and practice social distancing. If you exhibit any symptoms below you are not permitted to enter the building. Please circle the appropriate response below. 1. In the last 48 hours have you suffered from diarrhea, vomiting, or fever? Yes No 2. Are you currently suffering from, boils, sores, open or infected wounds? Yes No 3. Are you currently suffering from any cold or flu symptoms (coughing, fever, shortness of Yes No breath) including but not limited to COVID-19 (Coronavirus)? 4. Have you been hospitalized in the last month for any contagious disease? Yes No If yes, have you been released by your doctor stating that you're no longer contagious? (you must have a doctor's release to be permitted to enter) Yes No 5. Have you traveled to any areas significantly affected by the COVID-19 (Coronavirus) in the past month? If so, please list countries/cities and exit/return date on the bottom of this Yes No 6. Have Family Members and/or Friends traveled to areas significantly affected by the COVID-19 (Coronavirus) in the past month? If so, please list countries/cities and exit/return Yes No date. OR have you been exposed to Family Members and/or Friends that have had exposure to COVID-19 (Coronavirus)? If so, please list the information on the bottom of this form. Your responses to the above questions are strictly confidential and only used to determine entry to the building and or work approval Please list all employees you will be in contact with less than 6 feet 2.\_\_\_\_\_ 3.\_\_\_\_ I declare that the information provided is accurate and correct to the best of my knowledge. Print Name \_\_\_\_\_ Approved for Company **Entrance / Work** \_\_\_\_\_ Date \_\_\_\_\_ Signature Yes No Reviewed by\_\_\_\_\_\_ Date \_\_\_\_\_

Additional Responses:		