



## Novel Coronavirus and Covid-19

### Attestation for Worksite Entry

To ensure the safety and health of our associates and guests' please answer the following:

	Yes	No
I have been diagnosed with, or am a person under investigation* for COVID-19		
In the last two weeks I have been in contact** with someone who's been confirmed to have or is a person under investigation for COVID-19		
In the last two weeks, myself or a member of my household has traveled internationally		
I am currently experiencing symptoms consistent with COVID-19. Per the CDC these symptoms include fever, cough, and shortness of breath		

\*Close contact- Approximately 6' for a prolonged period of time

\*\*Person under investigation- Under evaluation by medical professional for COVID-19 testing

If you answered yes to any of the above questions, you may not work on [Company Name] projects or enter the premises.

### Temperature Check Attestation

The CDC has advised employers to keep sick associates or guests at home to limit transmission of COVID-19. Per the CDC, symptoms of COVID-19 include fever greater than 100.4 F, cough, and shortness of breath.

Therefore, to insure the safety and health of our associates and guests, we are requiring that you have taken your temperature within the last 12 hours and can attest that it is below 100.4 F.

Your signature below is also your attestation that you are not currently experiencing ongoing cough or shortness of breath.

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Print Name

Date

Signature

**Print Name**

**Date**

**Signature**