

INFECTIOUS DISEASE CONTROL QUESTIONNAIRE

Infectious Disease Control Questionnaire



* Your Name	* Date / Time

GENERAL DETAILS

* Location	* Date / Time
Job Description ----- ----- ----- -----	Customer (if applicable)

PRECAUTIONARY QUESTIONS

<p>* I currently do not have any flu-like symptoms that may include fever, chills, coughing, fatigue, breathing difficulties, or other.</p> <p><input type="checkbox"/> Agree <input type="checkbox"/> Disagree</p>	<p>* I am not sick, and I also understand I am not allowed to work if I am, or become sick.</p> <p><input type="checkbox"/> Agree <input type="checkbox"/> Disagree</p>
<p>* I have checked my temperature and it is normal, less than 100.4F.</p> <p><input type="checkbox"/> Agree <input type="checkbox"/> Disagree</p>	<p>* I confirm I do not have a fever, and have not had a fever in the last 3 days.</p> <p><input type="checkbox"/> Agree <input type="checkbox"/> Disagree</p>
<p>* I further understand I am not allowed to work if I have had a fever within the last 3 days.</p> <p><input type="checkbox"/> Agree <input type="checkbox"/> Disagree</p>	<p>* I will immediately inform my supervisor and/or safety team if I start feeling sick, or start running a fever while at work.</p> <p><input type="checkbox"/> Agree <input type="checkbox"/> Disagree</p>
<p>* I have not been in close contact with someone who is a resident of a foreign nation, or traveled outside of the USA, within the last 14 days.</p> <p><input type="checkbox"/> Agree <input type="checkbox"/> Disagree</p>	<p>* I do not have close family member who has been diagnosed with COVID-19, or has been asked to self-quarantine as a precaution because they may have COVID-19.</p> <p><input type="checkbox"/> Agree <input type="checkbox"/> Disagree</p>
<p>* I understand I am required to immediately notify my supervisor and/or safety team if I, or a close family member has been diagnosed with COVID-19, or asked to self-quarantine as a precaution.</p> <p><input type="checkbox"/> Agree <input type="checkbox"/> Disagree</p>	<p>* I have not been asked to self-quarantine by a doctor, hospital or health agency.</p> <p><input type="checkbox"/> Agree <input type="checkbox"/> Disagree</p>
<p>* I understand I need to keep as much distance as possible between myself and other coworkers and third parties while at work or on location - preferably 6 feet.</p> <p><input type="checkbox"/> Agree <input type="checkbox"/> Disagree</p>	<p>* I will routinely wash my hands, with soap and water, for at least 20 seconds.</p> <p><input type="checkbox"/> Agree <input type="checkbox"/> Disagree</p>
<p>* If soap and water are not available, I will utilize an alcohol based hand sanitizer as often as possible.</p> <p><input type="checkbox"/> Agree <input type="checkbox"/> Disagree</p>	<p>* I will avoid touching my face (eyes, nose, mouth) as much as possible.</p> <p><input type="checkbox"/> Agree <input type="checkbox"/> Disagree</p>

* I will cover my mouth and nose with a tissue or into my sleeve for any cough or sneeze.

Agree

Disagree

* I will practice routine cleaning and disinfection of contaminated surfaces.

Agree

Disagree

* Employee Signature

This question only applies if I currently do not have any flu-like symptoms that may include fever, chills, coughing, fatigue, breathing difficulties, or other. is Disagree or I am not sick, and I also understand I am not allowed to work if I am, or become sick. is Disagree or I confirm I do not have a fever, and have not had a fever in the last 3 days. is Disagree or I will immediately inform my supervisor and/or safety team if I start feeling sick, or start running a fever while at work. is Disagree or I have not been in close contact with someone who is a resident of a foreign nation, or traveled outside of the USA, within the last 14 days. is Disagree or I do not have close family member who has been diagnosed with COVID-19, or has been asked to self-quarantine as a precaution because they may have COVID-19. is Disagree or I understand I am required to immediately notify my supervisor and/or safety team if I, or a close family member has been diagnosed with COVID-19, or asked to self-quarantine as a precaution. is Disagree or I have not been asked to self-quarantine by a doctor, hospital or health agency. is Disagree or I understand I need to keep as much distance as possible between myself and other coworkers and third parties while at work or on location - preferably 6 feet. is Disagree or I will routinely wash my hands, with soap and water, for at least 20 seconds. is Disagree or I will avoid touching my face (eyes, nose, mouth) as much as possible. is Disagree or If soap and water are not available, I will utilize an alcohol based hand sanitizer as often as possible. is Disagree or I further understand I am not allowed to work if I have had a fever within the last 3 days. is Disagree or I have checked my temperature and it is normal, less than 100.4F. is Disagree or I will practice routine cleaning and disinfection of contaminated surfaces. is Disagree or I will cover my mouth and nose with a tissue or into my sleeve for any cough or sneeze. is Disagree

Item marked "Disagree"