COVID-19 Screening Questionnaire

In compliance with Emergency Public Health Order (20-02) for Control of Pandemic issued by the Wayne County, Michigan Health Division Health Officer, the Company requires all on-site employees to answer the following questions on a daily basis.

TO BE ASKED TO THE EMPLOYEE/VOLUNTEER

Employee/Volunteer Name: ___________________________ Date: ____________

1. Have you had any of the following symptoms:

   ____ Fever          ____ Shortness of Breath        ____ Diarrhea
   ____ Cough          ____ Sore Throat               ____ None (don't ask-check only if no symptoms)

2. Have you been in close contact in the last 14 days with someone with a diagnosis of COVID-19?

   ____ Yes            ____ No

3. Have you travelled internationally or domestically in the last 14 days?

   ____ Yes            ____ No

TO BE COMPLETED BY A TSD REPRESENTATIVE

1. Does the Employee/Volunteer indicate having one of the symptoms identified in Question 1?

   ____ Yes            ____ No

If “Yes,” please instruct the Employee to leave and stay home from work until the Employee has been without a fever for 3 days and 7 days have elapsed since the Employee's first symptom.

2. Has the Employee/Volunteer answered “Yes” to Questions 2 or 3?

   ____ Yes            ____ No

If “Yes,” please instruct the Employee to leave and stay home from work until 14 days have elapsed from the date of close contact or date of travel.

If the answer to both questions is “No,” the Employee/Volunteer may remain at the workplace.

I affirm that I have compiled with the course of action stated above.

__________________________________________ Date: ____________

Company Representative Signature