The purpose of this questionnaire is for you to self-observe your daily health prior to coming to work. Once you begin your workday, continue to observe yourself for any changes. This questionnaire was developed with criteria from the CDC.

Please answer the following questions once you begin your workday. You should also take your temperature every day before reporting to work and write it down. If your temperature is greater than 100°F, or if you answer YES to any of the following questions, please stay home and call your supervisor.

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1</td>
<td>Have you been tested for the coronavirus (awaiting results)? If yes, stay home until results are received</td>
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<tr>
<td>2</td>
<td>Have you tested POSITIVE for the coronavirus? If yes, stay home for 14 days after symptoms are gone.</td>
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<tr>
<td>3</td>
<td>Have you had prolonged close contact with someone who tested positive for the coronavirus? If Yes, stay home for 14 days and return to work if no symptoms.</td>
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<tr>
<td>4</td>
<td>Has a member of your household been tested for the coronavirus (awaiting results)? If Yes, stay home until results are received.</td>
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<tr>
<td>5</td>
<td>Has a member of your household been asked by a medical professional to isolate for potential coronavirus? If Yes, stay home pending results.</td>
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<tr>
<td>6</td>
<td>Has a household member had prolonged close contact with someone who tested positive for the coronavirus? If Yes, stay home for 14 days and return to work if there are NO symptoms.</td>
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<tr>
<td>7</td>
<td>Have you traveled out of the country within the last 14 days? If Yes, stay home for 14 days from your arrival back to the United States. Return to work if there are no symptoms.</td>
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<tr>
<td>8</td>
<td>Have you taken a cruise within the last 14 days? If Yes, stay home for 14 days from your arrival back to the United States. Return to work if there are no symptoms.</td>
</tr>
<tr>
<td>9</td>
<td>Are you experiencing or have you experienced any of the following symptoms in the past 14 days? If you answer YES to at least one of these questions, please stay home and call your healthcare provider.</td>
</tr>
<tr>
<td>10</td>
<td>Cough (not related to allergies)</td>
</tr>
<tr>
<td>11</td>
<td>Shortness of breath</td>
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<tr>
<td>12</td>
<td>Difficulty breathing</td>
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<tr>
<td>13</td>
<td>Fever</td>
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<tr>
<td>14</td>
<td>Chills</td>
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<td>15</td>
<td>Repeated shaking with chills</td>
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<tr>
<td>16</td>
<td>Muscle pain</td>
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<tr>
<td>17</td>
<td>New loss of taste or smell</td>
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<tr>
<td>18</td>
<td>Sore throat or headache</td>
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</tbody>
</table>

Participant Name: ____________________ Date: ________ Temperature: _____