

# STAFF HEALTH SCREENING FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

<b>Self-Declaration</b>	<b>YES</b>	<b>NO</b>
Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?		
Have you experienced any cold or flu-like symptoms in the last 14 days (fever, cough, shortness of breath or other respiratory problem)?		

***By signing below, I affirm that the above is accurate and correct. I will not knowingly expose anyone to COVID-19. I also agree if, at any point, the answer to either question above becomes a "Yes," I will remove myself from work, inform my supervisor of the change in my circumstance and begin to self-quarantine for 14-days.***

Signature: \_\_\_\_\_

<b>Physical Screening - If required, to be completed by a designated company representative</b>		
What is the staff member's body temperature?		
Do you witness any respiratory symptoms?	Yes	No

If the body temperature is at or above 100.4 degrees Fahrenheit, the staff member must be sent home immediately.

**Action Taken** (Please Circle):    Permitted to work                  Sent Home

# HEALTH DECLARATION FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Booth Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

<b>Self-Declaration</b>	<b>Yes</b>	<b>No</b>
Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?		
Have you experienced any cold or flu-like symptoms in the last 14 days (fever, cough, shortness of breath or other respiratory problem)?		

***If the answer to either of the above questions is "Yes," you are required to self-quarantine for 14 days and are not permitted to attend any exhibitions or events. For the safety of all involved, this is a mandatory policy.***

By signing below, I affirm that the above is accurate and correct. My entry to this event, exhibition, or trade show will not knowingly expose anyone to COVID-19. I agree if, during any portion of this event, the answer to either question above becomes a "Yes," I will remove myself from the event, inform an event representative of the change in my circumstance, and begin to self-quarantine of 14-days.

Signature: \_\_\_\_\_