



Self Identify Required in the event an Associate/Worker has missed work and/or a Visitor did not have an appointment prior to visiting the site but has a contact they regularly talk with.

Associate-Worker/ Visitor Self Identify Form

FIRST NAME LAST NAME

COMPANY NAME

Manager Name

Today's Date Date(s) of Illness

Do you have a doctor's note? Yes No

REASON FOR VISITING FACILITY

In the last 14 days have you travelled? If yes where.

INDICATE WHERE YOU HAVE VISITED:

YES NO

Have you experienced any sickness or illness on your travel?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you experiencing any of the following symptoms today?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Sore Throat	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Cough	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Fever	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Shortness of breath	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you been in contact with anyone (family members that have had flu like symptoms within the last week?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did you have any of these symptoms within the last 14 days?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Do you give permission to have your temperature taken non-invasively (Forehead/Ear reading)
 Yes No

- a. If you answer NO to all questions above, you will be able to on premises.
- b. Worker – If you answer YES to any question you will be asked to go home and not return for 14 days and have a doctor's note releasing you to return. (If the doctor's indicates a condition other than "flu like symptoms" contact your manager who will notify HR for diretions.)
- c. Visitor – If you say yes, you will not be allowed on premise. Please call your contact.

I (Print Name) declare the above information to be true.

Signature:

Office Use Only:

Office Received on (Date): _____

Reviewed by: _____

Signature: _____