

## COVID-19 Self-Screening Health Assessment

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our workforce and visitors, we are administering a self-screening health assessment. Only business-critical visitors are permitted at any J.G. Kern Enterprises facility at this time. Your participation is important and necessary to help us take precautionary measures to protect you and everyone in this building. Thank you for your time.

Name:	Date:
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Personal Phone Number:

Please check the applicable box:

Employee     
  Visitor     
  Contractor

### Employees Only

Position/Line:	Shift:
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### Visitors and Contractors Only

Company:	JG Kern Host:
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### ALL Incoming Personnel

Have you experienced any of the following symptoms since your last evaluation? Please check all boxes that apply:

- Temperature
- Shortness of breath/difficulty breathing
- Cough
- Running Nose
- Sneezing
- Muscle Pain
- Tiredness/Fatigue

What date did you first experience these symptoms? (mm/dd/yy) \_\_\_\_\_

Have you been exposed to anyone exhibiting symptoms since your last evaluation?

- Yes     No

Have you been in close contact or cared for someone diagnosed with COVID-19 in the last 14 days?

- Yes     No

Have you traveled outside the United States in the last 14 days?

- Yes     No

Please sign below verifying that answers above are true.

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

The following section is to be completed by JG Kern Human Resources or Management.

Access to the facility (check the applicable box):     Approved     Denied     Sent to Isolation