

COVID-19 Workplace Entry Questionnaire

The following recommendations should be adhered to. All employees, contractors and visitors need to self-screen to the below criteria before entering the site. Contact _____ if you encounter any issues.

If the answer to a question is YES

Then take the following action:

I have any **one** of these symptoms: feeling feverish; fever greater than 38°C/100.4°F; I started coughing; my usual cough is getting worse; feeling short of breath; **OR** I have **two** or more of the following: loss of taste or smell, chills, muscle aches, diarrhea, headache, sore throat.

DO NOT ENTER this site **AND** call your doctor and do not come back to work until a medical professional informs you that you are not contagious or no longer contagious. **Until you consult with a doctor, follow self-monitoring (or self-quarantine) instructions.**

I am: a close contact of a suspected or confirmed COVID-19 case **OR** considered a suspected or confirmed COVID-19 case myself **OR** I am a close contact of someone who has a cough, fever or shortness of breath or any other symptoms that are suspected to be COVID-19 related (see symptoms above), or has been diagnosed as having been infected by COVID-19.

DO NOT ENTER the site and follow the **self-quarantine** instructions. Inform your location contact (if visitor) or supervisor by phone. Employees or contractors should be in touch with their supervisors to understand when they can return to work.

In the past 14 days, I or a household member has traveled internationally **OR** on a cruise ship.

If the answer is NO, the employee, contractor or visitor can enter the site and work normally

Self-Monitoring

Monitor your health for symptoms for 14 days (unless told otherwise):

- Check your temperature 2x/day
- Follow up with your health care provider if you have any **one** of these symptoms: feeling feverish; fever greater than 38°C/100.4°F; I started coughing; my usual cough is getting worse; feeling short of breath; **OR** have **two** or more of the following: loss of taste or smell, chills, muscle aches, diarrhea, headache, or sore throat.

Self-Quarantine Rules

Self-quarantine is intended to keep exposed people separate from healthy people, usually in their own residence. Instructions include:

- Remain in your residence as much as possible for 14 days (unless told otherwise)
- Minimize Visitors
- Maintain good records of persons with whom you come into close contact with and on which day.
- Monitor your health for symptoms:
 - Check your temperature 2x/day
 - Follow up with your health care provider if you have any **one** of these symptoms: feeling feverish; fever greater than 38°C/100.4°F; I started coughing; my usual cough is getting worse; feeling short of breath; **OR** have **two** or more of the following: loss of taste or smell, chills, muscle aches, diarrhea, headache, or sore throat.

*Risk Levels

PLEASE REFER TO UP-TO-DATE RISK LEVEL DESIGNATIONS AT THE BAYER CORONAVIRUS PAGE.