



COVID-19 QUESTIONNAIRE

Employee Name: _____

Date: _____

1) Have you been tested for Covid19 in the past 28 days?

1.1 Date: _____

Yes

1.1 Result: _____

No

2) Since March 13, 2020 have you been required to self-isolate or quarantine?

2.1 Date: _____

Yes

2.2: _____

No

Reason: _____

3) Have you been in close contact with someone that has tested positive for Covid19 or has exhibited symptoms of COVID19? ("close contact" means being less than 2 meters; for example someone you live with or someone you have been providing care to).

Yes

No

4) Have you or someone you live with, traveled outside the country in the last 14 days?

Yes

No

5) Do you have any of the symptoms below? (Please check all that apply).

Fever

Difficulty breathing

Cough

Loss of smell

Nausea

None of the above

Declaration

I declare the above to be true and accurate.

Signature: _____

Date: _____

MaxSys Representative: _____