

Updated 5/20/2020

STORR HEALTH SCREENING QUESTIONNAIRE

The health and safety of our team members, customers, families, and visitors remains the top priority of Storr. As the Coronavirus situation continues to evolve globally, we're asking you to complete this screening to help prevent the spread of or exposure to COVID-19. Please complete the form below. If you answer "yes" to any of the following questions, you will not be able to work for Storr or visit the Storr facility until you have documentation that you have negative COVID-19 test result.

Name:	Mobile/Home Phone Number:
Company/Organization	Storr Host/Manager:
Today's Date:	

SELF DECLARATION	
1.	Have you returned from, or connected through, any of the countries listed below within 14 days of your work or visit to Storr? Iran, Italy, Japan, Mainland China, South Korea? <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you 1) been diagnosed, 2) been in contact with someone who has been diagnosed or 3) been in contact with someone who may have been exposed (e.g. travelled to one of the countries listed above) with COVID-19 within 14 days of your work or visit with Storr? <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you experienced any cold or flu-like symptoms (including fever, cough, sore throat, respiratory illness, difficulty breathing) within 14 days of your work or visit to Storr? <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you taken your temperature today with results over 100 °F? <input type="checkbox"/> Yes <input type="checkbox"/> No

Signature: _____

Approved By: _____