

(Name of Professional Services Office)

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## Pre-Screening Health Survey

To prevent the spread and reduce the risk of COVID-19 to our employees and visitors, all employees must read and answer the questions below each day that they work on site. If your answer is **“YES”** to **ANY** of the questions, **YOU MAY NOT WORK ON SITE THAT DAY.**

- (1) Have you been confirmed positive (and have not yet been determined by a medical professional to have recovered from) or are you awaiting testing, test results, or a diagnosis from a physician to determine whether you are positive for COVID-19?
- (2) Are you currently experiencing, or have you recently experienced, any acute respiratory illness symptoms such as fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscular pain, sore throat, new loss of taste or smell?
- (3) Have you been in close contact with any person who has been confirmed positive for, and who has not yet been determined by a medical professional to have recovered from, COVID-19?
- (4) Have you been in close contact with any persons who have or who are exhibiting acute respiratory illness symptoms?
- (5) Have you or someone in your household or someone you have been in close contact with been advised by a health care professional in the last two weeks to self-quarantine due to concerns about COVID-19?

If your answer is “NO” to each of the questions, you may work on site that day. Please be advised that names and contact information for all employees and visitors who enter will be noted in a daily log, in the event the information is needed for tracing purposes by the Vermont Department of Health.

\_\_\_\_\_ is the employee responsible for health monitoring at this office location. Please contact \_\_\_\_\_ at (email address) or (phone number) if you have any questions about this process. Thank you for helping us do our part to prevent the spread and reduce the risk of COVID-19.

For Internal Posting in a Prominent Space at each Office Location