



**SEEDORFF COMPANIES
COVID-19 DAILY SCREENING FORM**

Date: _____

Job Number: _____

Jobsite Supt: _____

Employee Name	Within the last 14 days, have you or anyone in your household been in close contact with anyone diagnosed with COVID-19?	Within the last 14 days, have you traveled outside your local area of residence? If yes, where?	Do you have any of the following symptoms: persistent cough, difficulty breathing, fever?	In the last 72 hours, have you had a temperature of 100.4F or greater?	Today's temp (if applicable)
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If "yes" is answered to any of the questions above, please call Aaron Waugh or Mike Woodhead before site entry. If Aaron or Mike are unavailable, please call Adam Boeckmann, Bob Marsh or Mark Guetzko. These questions are intended to protect the health and well-being of each of our employees and their families. Thank you!

Jobsite Supt Signature: _____