



## KENCO ILLNESS INTAKE FORM

FACILITY NAME / ADDRESS
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Due to the increasing spread of Coronavirus (COVID-19) in North America Kenco is implementing this illness intake form to quickly gather information when reports of illness or exposure (related to COVID-19) are received so that an assessment of next steps can be made. Reports of illness or exposure should immediately be reported to the Corporate Team (Dan Day, Scott Kroll, Lori Govan, Aaron Lincove and Ben Staples) and then this form should be completed and submitted.

EMPLOYEE NAME	EMPLOYEE JOB TITLE	
EMPLOYEE SHIFT	LAST DAY WORKED – TIME IN/TIME OUT	
EMPLOYEE CONTACT #	CITY, STATE OF EMPLOYEE RESIDENCE	
BRIEF DESCRIPTION OF WHAT WE KNOW (Please keep this factual only):		
	Yes	No
Has the associate traveled internationally in the last 14 days? If yes, please list all countries visited and approximate dates: _____	<input type="checkbox"/>	<input type="checkbox"/>
Has the associate attended one or more conferences in the last 14 days? If yes, please provide the event(s), location(s) and dates: _____	<input type="checkbox"/>	<input type="checkbox"/>
Has the associate been in any area which has an increased infection rate (e.g., Seattle, New York City)?	<input type="checkbox"/>	<input type="checkbox"/>
Has the associate experienced any cold or flu-like symptoms in the last 14 days (to include fever, sore throat, cough, respiratory illness, or difficulty breathing)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you knowingly had close contact with or cared for someone diagnosed confirmed or presumptive positive with COVID-19 within the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>

Completed By: \_\_\_\_\_

Date: \_\_\_\_\_