



## KENCO NEW ASSOCIATE HEALTH SCREENING QUESTIONNAIRE

FACILITY NAME / ADDRESS

Due to the increasing spread of Coronavirus (COVID-19) in North America Kenco is implementing this Screening Questionnaire. Your understanding, assistance and participation is appreciated.

**Visitor access today and in the future is subject to review and immediate change.**

EMPLOYEE NAME	EMPLOYEE PHONE NUMBER
LOCATION	

If the answer is “yes” to any of the following questions, access to the facility will be denied.

Self-Assessment by New Employee		No	Yes
If the answer is “yes” to any of the following questions, access to the facility <u>will</u> be denied.			
1	Have you returned from any country with a CDC Level 2 or 3 Travel Health Notice in the last 14 days? (current list at <a href="https://wwwnc.cdc.gov/travel/notices">https://wwwnc.cdc.gov/travel/notices</a> ) *As of 03/12/2020 includes the following: China, Europe, Iran, Japan, South Korea	<input type="checkbox"/>	<input type="checkbox"/>
2	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"/>
If the answer is “yes” to any of the following questions, access to the facility <u>may</u> be denied.			
3	Have you traveled internationally in the last 14 days? If yes, please list all countries visited and approximate dates: _____	<input type="checkbox"/>	<input type="checkbox"/>
4	Have you 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"/>
5	Have you been in any area which has an increased infection rate (e.g., Seattle, New York City)?	<input type="checkbox"/>	<input type="checkbox"/>
6	Have you 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"/>

Employee Signature: \_\_\_\_\_

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

ID Reviewed and Verified?:  Yes  No

Access to facility  Approved  Denied

Kenco Representative: \_\_\_\_\_

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