

COVID-19 SECONDARY SCREENING QUESTIONS

If an employee has answered YES to any of the questions on the initial Illness/Health Assessment, please use the relevant questions below to assist in determining potential Risk Exposure in more detail.

Please note this is not a comprehensive list of questions. If, based on responses received, a determination still cannot be made, please contact your HR Partner or Safety Manager for further assistance.

Symptoms (Question 1)

- Are there any other factors that we should be aware of that may be causing your symptoms (e.g. allergies, recent vaccination, asthma, food poisoning, etc.)?
- In the two weeks before you began experiencing these symptoms, did you have contact with someone diagnosed with COVID-19?
- Have you visited or volunteered in a hospital, long term care, or other medical facility or volunteered as a first responder in the last two weeks?

Close Contact (Questions 2-4)

- How long would you estimate you were in contact with this individual?
- Was appropriate social distancing observed at all times during the contact period?
- Were you and the other individual wearing face coverings at all times during the contact period?
- Have you visited or volunteered in a hospital, long term care, or other medical facility or volunteered as a first responder in the last two weeks?

Travel - Domestic & International (Questions 5-6) *

- While traveling were you, at all times, able to observe all safety precautions that have been recommended by the CDC (face covering, social distancing, hand washing)?
 - If you were not able to follow these precautions consistently, in what instances were they not followed?
 - If you were not able to follow these precautions consistently, for what duration were they not followed?
- While traveling did you come in close contact with another person who has tested positive for COVID-19 or has clinically compatible symptoms?

() Normal commutes for work are not classified as "travel" for the purposes of the Plan or assessment.*