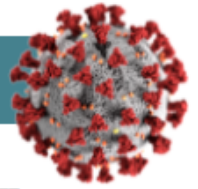


COVID-19 Employee Self-Health Assessment

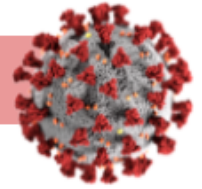


APRIL 2021 Name _____ Lab/Division/Program _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
				1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____
4	5	6	7	8	9	10
1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____
11	12	13	14	15	16	17
1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____
18	19	20	21	22	23	24
1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____
25	26	27	28	29	30	
1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____	
Examples:						
1) No 2) No 3) No	Good to come to work ←	1) No 2) Yes 3) No	Make WFH arrangements ←			

<p>Please conduct a self-administered health screening before you come onsite; do this each day you plan to come onsite. Please answer accurately and honestly:</p>	<p>1) Do you have any COVID-19 Symptoms: -Fever (100.4°F or higher) -Cough, shortness of breath -Chills, muscle aches, sore throat -New loss of taste/smell</p>	<p>2) In the past 14 days, have you come into contact with anyone who has tested positive for COVID-19 or had COVID-19 symptoms?</p>	<p>3) In the past 14 days, have you participated in any higher-risk activities that may increase your exposure to COVID-19? (Feel free to check your social media and calendars)</p>	<p>-STAY HOME IF YOU ARE SICK! -Contact HESS and your Supervisor to make WFH arrangements if you answered "YES" to any of these questions.</p>	<p>Keep this document on file. In the event of a suspected exposure or facility contamination you may be asked to provide this to the local health department.</p>
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COVID-19 Employee Self-Health Assessment

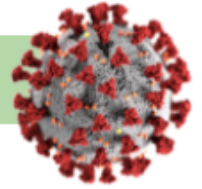


MAY 2021 Name _____ Lab/Division/Program _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1 1) _____ 2) _____ 3) _____
2 1) _____ 2) _____ 3) _____	3 1) _____ 2) _____ 3) _____	4 1) _____ 2) _____ 3) _____	5 1) _____ 2) _____ 3) _____	6 1) _____ 2) _____ 3) _____	7 1) _____ 2) _____ 3) _____	8 1) _____ 2) _____ 3) _____
9 1) _____ 2) _____ 3) _____	10 1) _____ 2) _____ 3) _____	11 1) _____ 2) _____ 3) _____	12 1) _____ 2) _____ 3) _____	13 1) _____ 2) _____ 3) _____	14 1) _____ 2) _____ 3) _____	15 1) _____ 2) _____ 3) _____
16 1) _____ 2) _____ 3) _____	17 1) _____ 2) _____ 3) _____	18 1) _____ 2) _____ 3) _____	19 1) _____ 2) _____ 3) _____	20 1) _____ 2) _____ 3) _____	21 1) _____ 2) _____ 3) _____	22 1) _____ 2) _____ 3) _____
23 1) _____ 2) _____ 3) _____	24 1) _____ 2) _____ 3) _____	25 1) _____ 2) _____ 3) _____	26 1) _____ 2) _____ 3) _____	27 1) _____ 2) _____ 3) _____	28 1) _____ 2) _____ 3) _____	29 1) _____ 2) _____ 3) _____
30 1) _____ 2) _____ 3) _____	31 1) _____ 2) _____ 3) _____	Examples: 1) No 2) No 3) No	Good to come to work ←	1) No 2) Yes 3) No	Make WFH arrangements ←	

<p>Please conduct a self-administered health screening before you come onsite; do this each day you plan to come onsite. Please answer accurately and honestly:</p>	<p>1) Do you have any COVID-19 Symptoms: -Fever (100.4°F or higher) -Cough, shortness of breath -Chills, muscle aches, sore throat -New loss of taste/smell</p>	<p>2) In the past 14 days, have you come into contact with anyone who has tested positive for COVID-19 or had COVID-19 symptoms?</p>	<p>3) In the past 14 days, have you participated in any higher-risk activities that may increase your exposure to COVID-19? (Feel free to check your social media and calendars)</p>	<p>-STAY HOME IF YOU ARE SICK! -Contact HESS and your Supervisor to make WFH arrangements if you answered "YES" to any of these questions.</p>	<p>Keep this document on file. In the event of a suspected exposure or facility contamination you may be asked to provide this to the local health department.</p>
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COVID-19 Employee Self-Health Assessment



JUNE 2021 Name _____ Lab/Division/Program _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
		1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____
6	7	8	9	10	11	12
1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____
13	14	15	16	17	18	19
1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____
20	21	22	23	24	25	26
1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____
27	28	29	30			
1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____			
Examples:						
1) No 2) No 3) No	Good to come to work ←	1) No 2) Yes 3) No	Make WFH arrangements ←			

<p>Please conduct a self-administered health screening before you come onsite; do this each day you plan to come onsite. Please answer accurately and honestly:</p>	<p>1) Do you have any COVID-19 Symptoms: -Fever (100.4°F or higher) -Cough, shortness of breath -Chills, muscle aches, sore throat -New loss of taste/smell</p>	<p>2) In the past 14 days, have you come into contact with anyone who has tested positive for COVID-19 or had COVID-19 symptoms?</p>	<p>3) In the past 14 days, have you participated in any higher-risk activities that may increase your exposure to COVID-19? (Feel free to check your social media and calendars)</p>	<p>-STAY HOME IF YOU ARE SICK! -Contact HESS and your Supervisor to make WFH arrangements if you answered "YES" to any of these questions.</p>	<p>Keep this document on file. In the event of a suspected exposure or facility contamination you may be asked to provide this to the local health department.</p>
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The following activities are listed and ranked according to the CDC and local public health departments:

High Risk (Contact HESS and your Supervisor about potential work-from-home plans)

- Any travel by air (international or domestic)
- Mass gatherings
 - Any **indoor or outdoor** gathering of more than 10 people
 - Includes parties, family reunions, religious services
- Out-of state travel or hosting a visitor from out-of-state
- Staying at a hotel **and** visiting common areas (e.g., gym, bar, restaurant)
- Eating indoors at a restaurant
- Going to a nightclub, bar, or similar venue where social distancing standards may be more difficult to achieve
- Exercising at local gym or studio

Medium Risk* (Proceed to come onsite using your best judgement; perform work in a safe, hygienic manner)

- Indoor gathering of fewer than 10 people
- Eating outdoors at a restaurant
- Using a larger public restroom (more than 3 stalls)
- Getting a haircut
- Visiting an outdoor playground

*These activities are only considered medium risk when proper publicly advised precautions are being observed and implemented (general hygiene, adequate spacing/distancing, mandatory face coverings)

Low Risk (Proceed to come onsite; perform your work in a safe, hygienic manner)

- Outdoor gathering of fewer than 10 people
- Shopping at a grocery store, department store, gas station, etc.
- Routine visit to dental office or medical clinic
- Spending the day at the beach or pool with social distancing precautions
- Using a smaller public restroom (fewer than 3 stalls)
- Going on an in-state vacation
- Staying at a hotel, not visiting any common areas (e.g., gym, restaurant)
- Going camping in-state
- Exercising outdoors