

Health Screening Checklist

Date: _____

PRINT NAME: _____ PH: _____

COMPANY NAME _____

Please answer the following health screening questions pertaining to recent illnesses Yes No

Employee Visitor Contractor Customer

1. Within the past 72-hours, have you experienced fever, cough, or difficulty breathing? Yes No
2. Have you sought medical care for fever, cough or difficulty breathing in the past 14 days? Yes No
3. Have you traveled outside of the United States to countries listed on the CDC website Level 3 listing in the past 14 days?
<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
If yes, list countries or states traveled: _____ Yes No
4. Have you recently been on a cruise within the past 14 days? Yes No
5. Have you had any direct contact with someone lab-testing positive to COVID-19 within the past 14 days? Yes No

The above individual will not be authorized to enter BioZyme facilities if any of the above are marked 'Yes'. If the above individual is experiencing symptoms listed in question 1, they should contact their healthcare provider immediately. Self-isolation or self-quarantine may be recommended.

The Missouri Department of Health and Senior Services has created a 24-hour hotline for questions regarding COVID-19: 877-435-8411.

Signed by _____

Date: _____

Care that comes full circle