Confidential Contractor Self-Assessment

As the COVID-19 pandemic continues to evolve, the County is actively monitoring best practices and updating County guidance based on the recommendations of the Centers for Disease Control and Prevention.

In an effort to prevent the spread of COVID-19 and reduce the risk to our employees, contractors and visitors, the County has developed the following self-assessment to be completed by all employee before they enter County facilities. Your participation is important to our efforts to ensure the safety of our team. We appreciate your time and candor in completing the assessment.

PERSONAL INFORMATION

Contractor Name: _____ Phone: _____

County: _____

County employee(s) with whom you anticipate interacting while on site: (Department Name accepted)

_____

TRAVEL INFORMATION

Have you traveled out of your home state within the last 14 days?   Yes _____   No _____

If yes, where and when did you travel? _____

Have you traveled out of the country within the last 14 days?   Yes _____   No _____

If yes, where and when did you travel? _____

Have you traveled commercially (airplane, bus, etc.) within the last 14 days?   Yes _____   No _____

If yes, where and when did you travel? _____

SYMPTOMS

Are you currently experiencing or have you experienced within the past 14 days any of the following symptoms: Fever (100.4°F or greater), cough, shortness of breath or difficulty breathing, persistent pain or pressure in the chest, new confusion or inability to awaken, bluish lips or face, other flu-like symptoms, loss of taste, loss or smell, sore throat, or gastrointestinal issues? Yes _____   No _____

COVID-19 DIAGNOSIS/CONTACT

Have you been diagnosed with or treated for COVID-19 symptoms within the past 14 days? Yes _____   No _____

If yes, when were you released from your treating physician to return to work? _____

Have you been in close contact (within 6 feet, caring for someone, living with someone, sharing a space with someone, etc.) with a person confirmed or suspected of having COVID-19? Yes _____   No _____

If yes, what date(s) were you in contact with this individual? _____

ACKNOWLEDGMENT

By signing below, you are attesting that you are confirming that all answers on this document are true and correct to the best of your knowledge.

_____   _____   _____
Name   Signature   Date