



## COVID-19 Worksite Disclosure Form

1. Have you or anyone in your household been tested for COVID-19?

Yes No

2. Have you or anyone in your household visited or received treatment in a hospital, nursing home, long-term care, or other health care facility in the past 30 days?

Yes No

3. Have you or anyone in your household traveled in the U.S. in the past 21 days?

Yes No

4. Have you or anyone in your household traveled on a cruise ship in the last 21 days?

Yes No

5. Have you or anyone in your household cared for an individual who is in quarantine or is a presumptive positive or has tested positive for COVID-19?

Yes No

6. To the best of your knowledge have you been in close proximity to any individual who tested positive for COVID-19?

Yes No

I fully understand and acknowledge the above information, risks and cautions regarding COVID-19. By signing this document, I acknowledge that the answers I have provided above are true and accurate.

Signature of Technician: \_\_\_\_\_ Body Temperature: \_\_\_\_\_ Date: \_\_\_\_\_