

Health Screening Form for Sunny Days Employees

The safety of our employees is our overriding priority. As the coronavirus (COVID-19) pandemic continues, we are monitoring the situation closely and following the guidance from the Centers for Disease Control and Prevention and local health authorities. In order to prevent the spread of the coronavirus and reduce the potential risk of exposure to our workforce, we are asking everyone to complete and submit this questionnaire prior to entering the worksite. Please do not enter the worksite until your responses have been reviewed and your entry into the building has been approved. In an effort to reduce the risk of COVID-19 exposure to Sunny Days employees, all employees and visitors must complete the following screening questions:

Date: _____ Department: _____

Employee Name: _____ Signature: _____

| Self-Declaration by Employee | | |
|--|-----|----|
| | YES | NO |
| Have you experienced any cold or flu-like symptoms in the last 14 days (fever, cough, shortness of breath or other respiratory problem)? If so, please list: | | |
| Have you had close contact with or cared for someone with cold or flu-like symptoms or anyone diagnosed with COVID-19 within the last 14 days? | | |
| Have you been tested for COVID-19 and are waiting to receive test results? | | |
| In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19? | | |
| Have you recently traveled to a restricted area that is under a Level 2, 3, or 4 Travel Advisory according to the U.S. State Department? Including: China, Italy, Iran, and most countries in Europe within the last 14 days? | | |
| Have you been in close contact with anyone who has traveled to a restricted area that is under a Level 2, 3, or 4 Travel Advisory according to the U.S. State Department? Including: China, Italy, Iran, and most countries in Europe within the last 14 days? | | |

Employees answering yes to any of the above questions will not be permitted access to Sunny Days' buildings until further discussion takes place. If any of the answers to the questions above change, please let HR or your manager know immediately.

| Date | Body temperature Checked (Y/N) | Respiratory symptoms? (Y/N) | Screened by |
|------|--------------------------------|-----------------------------|-------------|
| | | | |

If an employee's body temperature is at or above 100.4 degrees Fahrenheit, the employee must be sent home immediately and the following completed:

Date the employee was sent home: _____ Recorded temperature: _____

For internal use: Access to Office (circle one): Approved Denied