

Required Daily COVID Symptoms Check-in:

The following email will be auto-generated out each day at 5am. On the days you are working, whether from home, onsite, or in the field, you are required to complete the form prior to the start of your shift. Below is the email. The results will go directly to your supervisor. You do not have to send a separate email daily. Click on the link daily and complete. A screenshot of the form you will complete daily is below.



Wed 6/3/2020 12:34 PM

Employee Health

COVID-19 Screening Form

To: Renee Stoll

Retention Policy: Non-archive 90-day Retention Policy - Inbox (90 days)

Expires: 9/1/2020

 This message was sent with High importance.

Dear valued team member,

Please review the COVID screening form each and every day prior to starting your shift by clicking on the below link in this email. Fill out the form and results will be routed to your supervisor. If you did not pass the screening, you must contact the person you would call off to for the day so next steps can be discussed. Do not report to work if you did not pass the screening tool unless you have been cleared to work.

Thanks and have a great day.

<https://forms.office.com/Pages/ResponsePage.aspx?>



This is the form you will see after clicking the link:

COVID-19 Screening Tool

Daily COVID check

Hi Rebecca, when you submit this form, the owner will be able to see your name and email address.

* Required

1. Do you have any of the following symptoms of COVID-19?

- Cough
- Shortness of Breath or Chest Tightness
- Sore Throat
- Nasal Congestion/Runny Nose
- Myalgia (Body Aches)
- Loss of Taste and/or Smell
- Diarrhea
- Nausea
- Vomiting
- Signs of a fever- Signs of a fever include chills, sweats, or a temperature that is elevated for you/100.0F or greater
- Chills/Sweats
- Headache

Please note - if a symptom above has been determined by Avow Employee Health not to be related to COVID-19, you may select no. *

Yes

No

2. Have you traveled internationally or outside of the state of Florida in the last 14 days? Or, have you had any close contact in the last 14 days with someone with a diagnosis of COVID-19 without full Personal Protective Equipment? *

Yes

No