|  |  |
| --- | --- |
| **SECTION 1****Travel History** | **Start date of self-isolation:       Next hitch date:**Employee Name: **Employee Badge Number:** Work location: **In the past 14 days, have you traveled, or do you live outside of Alaska, Internationally, or Domestic?**[ ]  Yes [ ]  No If yes, list location:  If yes, date left location above:  |
| **SECTION 2****Exposure and Symptoms** | **In the past 14 days, have you had:*** **known contact with a person who is under investigation for 2019-nCoV?**

**OR*** **known contact with a person with a laboratory-confirmed 2019-nCoV case?**
 | [ ]  Yes | [ ]  No | [ ]  Unknown |
| [ ]  Yes | [ ]  No | [ ]  Unknown |
| * **a temperature:** greater than 100.4 (if selected, verify temp using second method)
 | [ ]  Yes | [ ]  No | [ ]  Unknown |
| * **the following signs and/or symptoms? (check all that apply).**

[ ]  Fever [ ]  Cough [ ]  Sore Throat [ ]  Shortness of Breath |  |  |  |
| [ ]  Yes | [ ]  No | [ ]  Unknown |
| * **these additional signs and/or symptoms? (check all that apply).**

[ ]  Chills [ ]  Vomiting [ ]  Diarrhea |  |  |  |
| [ ]  Yes | [ ]  No | [ ]  Unknown |
| * **these additional signs and/or symptoms not associated with any type of ailment?**

[ ]  Headache [ ]  Muscle Aches [ ]  Abdominal Pain |  |  |  |
| [ ]  Yes | [ ]  No | [ ]  Unknown |

**Contact is defined as:**

**Being within approximately 6 feet (2 meters) of a 2019-nCoV case for a prolonged period of time. Close contact can occur while caring for, living with, visiting or sharing a healthcare waiting area or room with a 2019-nCoV case.**

**Screening Personnel Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Answer the questions below and provide any applicable dates, being as accurate as possible.**

* **Please describe what you have done to self-isolate.**
* **Have others been to your house?** [ ]  Yes[ ]  No
* **If “Yes,” provide the date and details around the visit:**
* **Have you gone outside and been in contact with anyone (i.e., shopping, fishing, exercise?**[ ]  Yes[ ]  No **Date**
	+ **Was the mandated 6 foot distance observed?** [ ]  Yes[ ]  No
* **Provide any additional pertinent information here.**

 **Return the form to** **OHUForms@alyeska-pipeline.com**