|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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**](mailto:OHUForms@alyeska-pipeline.com)