DISCLAIMER FOR CORONAVIRUS: Any statements contained herein relating to the impact or the potential impact of Coronavirus/COVID-19 on insurance coverage or any insurance policy is not a legal opinion, warranty or guarantee, and should not be relied upon as such. Guidance contained herein regarding workplace safety, labor law and benefits, and personnel actions are for informational purposes only and are presented from an insurance perspective. Cavignac & Associates is not able to render legal advice or to make coverage decisions. Given the on-going and constantly changing situation with respect to the Coronavirus/COVID-19 pandemic, any discussions that might take place may not necessarily reflect the latest information regarding recently-enacted, pending or proposed legislation or guidance that could override, alter or otherwise affect existing insurance coverage. At your discretion, please consult with an attorney at your own expense for specific advice in this regard.

Coronavirus COVID-19 Screening Questionnaire

Name	Job Location	Date

Phone number	Leader name/phone number	Job title/position

In the last 14 days have you traveled outside your normal, daily routine? ◯ YES ◯ NO

Do you have new or worsening onset of any of the following symptoms: fever, cough, shortness of breath, runny nose, sore throat, chills, body aches, fatigue, headache, loss of taste/smell, eye drainage, congestion? ◯ YES ◯ NO

If "Yes " to the above question, please list symptoms below:

Have you been exposed to someone being tested for COVID-19 or who has symptoms compatible with COVID-19? ◯ YES ◯ NO

Are any members of your household a close contact on quarantine for exposure to COVID-19? ◯ YES ◯ NO

If you have answered "yes" to any of these questions:

- Please remain home or leave premise of [COMPANY NAME] work location -contact your immediate supervisor
- If outside these hours, contact your immediate supervisor, remain at or return home until you speak with your supervisor for further screening and direction.

I understand that I have the responsibility to immediately notify my immediate supervisor should my responses on this questionnaire change.