Best Drywall Contractors 

COVID Health Assessment

Project Number:		**Report Date:**	
Project Name:		**Completed By:**	
Project Address:		**Completed By Email:**	
City / State / ZIP:		**Customer Name:**	
Project Contact:		**Customer Address:**	
Notes:		**City / State / ZIP:**	
		Customer Contact:	

Protecting Yourself and Others					
Please answer Yes to acknowledge you have read the steps to protect yourself and others.					
#	**Item/Question**	**Yes**	**No**	**NA**	**Comments**
1.	Maintain a distance of at least 6 feet from each other when working with or having conversations with others. Employees are encouraged not to carpool when traveling to and from the jobsite.				
2.	Make phone calls to others in order to limit face-to-face interactions to the extent possible.				
3.	Do not share tools, food, drinks, etc. with others.				
4.	Clean and disinfect frequently touched objects and surfaces, such as handles, tools, phones.				
5.	If a client issues safety/hygiene requirements that are stricter or in addition to those set forth in this document, follow them and forward them to your GF and the Safety Team.				
6.	Wash your hands often using soap and water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer (60% alcohol content or greater).				
7.	Avoid touching your eyes, nose and mouth with unwashed hands. Try to keep your hands away from your face.				
8.	Stay home if you are sick or feel sick (except to get medical care – call ahead before visiting your doctor)				
9.	Cover your cough or sneeze with a tissue/elbow, then throw the tissue in the trash and wash your hands with soap and water for at least 20 seconds.				

Health Assessment Questions					
Answer all questions.					
#	**Item/Question**	**Yes**	**No**	**NA**	**Comments**
1.	Seek medical advice if you develop symptoms (Fever, Cough, Shortness of Breath) or have been in close contact with a person known to have COVID-19.				
2.	Have you traveled outside the United States within the last 14 days or been in close contact with someone who has?				
3.	Have you been exposed to, or been in contact with anyone who has tested positive for COVID-19 in the past 14 days?				
4.	Do you feel ill?				
5.	Do you currently have any of these symptoms? Fever (greater than 100.4 degrees Fahrenheit - or think you may have a fever).				
6.	Shortness of breath				

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Project Name:
Form #:
Form Date:

Health Assessment Questions						
Answer all questions.						
#	Item/Question	Yes	No	NA	Comments	
7.	Coughs					
8.	Chills or sweating					

Employee Signatures				
Select names and add signature to agree.				
#	Employee Name	Signature	Signature Date/Time	Comments
1.	100 / Employee 1		06/24/2021 10:39	
2.	101 / Employee 2		06/24/2021 10:39	

Acknowledgement			
I confirm that all questions were answered accurately as of the date reported.			
SIGNATURE NAME	SIGNATURE	SIGNATURE DATE/TIME	SIGNATURE NOTE