



995 South Township Blvd. - Pittston, PA 18640
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COVID-19 SCREENING CHECKLIST

Name (Print): _____ Date: _____

All individuals entering the job-site or workplace shall be asked the following questions:

Have you WASHED YOUR HANDS or used alcohol-based HAND SANITIZER upon workplace entry?

- YES
- NO-Please do so.

Do you have any of the following respiratory symptoms?

- YES NO Fever (100 deg. F. or higher)
- YES NO Sore throat
- YES NO Cough
- YES NO New shortness of breath

Have You:

- YES NO Traveled internationally within the last 14 days to areas where COVID-19 cases have been confirmed?
- YES NO Traveled to an area with known local spread of COVID-19? (New York, Philadelphia)
- YES NO Been in contact with anyone that traveled internationally within the last 14 days to areas where COVID-19 cases have been confirmed?
- YES NO Taken a cruise within the last 14 days?
- YES NO Stayed in a Hotel/Motel in the last 14 days?
- YES NO Come into close contact (within 6 feet) with someone who has a laboratory confirmed COVID-19 diagnosis in the past 14 days?

If YES to any of the above questions, stay away from others and maintain a 6 ft distance from others; tell your supervisor and do not enter the Job-Site or Work Area.

I have reviewed the company's COVID-19 Information and procedures prior to starting work.

Signature: _____

IMPORTANT!

**WASH YOUR HANDS or use alcohol-based HAND SANITIZER frequently and between jobs.
Maintain a distance of 6 feet from other people.**