



RINAUDO ENTERPRISES

**COVID-19: Fit for Duty Questionnaire**

To prevent the spread of the novel coronavirus (COVID-19) in our community and reduce the risk of exposure within our workplace, each employee of Rinaudo Enterprises is required to complete this questionnaire daily before entering an office or jobsite, or for a service technician, the worksite of a customer.

Date:	Time:
Employee name (First/Last):	Branch:
Supervisor/Manager name (First/Last):	

**Self-Declaration by Employee**

Are you currently, or have you in the past 72 hours, exhibited any of the following symptoms? (Check all that apply.)			
Fever	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Cough	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Shortness of breath	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Sore throat	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
<p><b>Yes to any of the symptoms above excludes you from offices, jobsites, or service call worksites.</b></p> <p><b>You may return to work after 72 hours with no symptoms.</b></p>			

In the past 7 days, have you traveled by commercial plane?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, you may return to work in 7 days, provided no symptoms.				

In the last 14 days, has anyone in your household been confirmed or suspected of being infected with COVID-19? If so, when?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
In the last 14 days, to your knowledge, have you had close contact with anyone who has been confirmed to have COVID-19? If so, when?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<p><b>The CDC defines close contact as:</b></p> <p>-Being within approximately six feet of a COVID-19 case for a prolonged period of time.</p> <p>-or-</p> <p>-Having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).</p>				
If yes, you may return to work 14 days after exposure, provided no symptoms.				

In the last 14 days, have you traveled outside of the country? If so, where?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
At the time of travel, was the location subject to a CDC Level 2 or Level 3 Travel Health Notice?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Resource: <a href="https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html">https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html</a>				
In the past 14 days, have you traveled by cruise ship?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, you may return to work 14 days after the completion of your trip, provided no symptoms				

**Please continue to follow safety precautions:**

- Frequently wash your hands for 20 seconds.
- Remain six feet from others.
- Avoid large gatherings over 10 people.
- Avoid restaurants and bars.

Employee Signature:

Date Signed:

If any question above is answered YES, this form is to be submitted to the department manager and Human Resources at zach@rinaudoinc.com