

Today's Date: \_\_\_\_\_

R&H Job #: \_\_\_\_\_

Job Name: \_\_\_\_\_



Employee Name	Company Name	Have you, or anyone in your household, had any of the following symptoms in the last 72 hours: (YES OR NO) <ul style="list-style-type: none"> <li>• Fever or feeling feverish (chills, sweating)</li> <li>• New or worsening cough</li> <li>• Difficulty breathing</li> <li>• Sore Throat</li> <li>• New or unexpected muscle/body aches / fatigue</li> <li>• Vomiting or diarrhea</li> <li>• New or unexpected congestion or runny nose</li> <li>• New loss of taste or smell</li> </ul>	Within the past 10 days (or 7 days with a negative COVID-19 test), have you been in close physical contact (6 feet or closer for at least 15 min in a 24-hr. period) with a person who is known to have tested positive for COVID-19? (YES OR NO)	Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried you may be sick? (YES OR NO)	Are you currently waiting on the results of a COVID-19 test? (YES OR NO)
		No Yes	No Yes	No Yes	No Yes
		No Yes	No Yes	No Yes	No Yes
		No Yes	No Yes	No Yes	No Yes
		No Yes	No Yes	No Yes	No Yes
		No Yes	No Yes	No Yes	No Yes
		No Yes	No Yes	No Yes	No Yes
		No Yes	No Yes	No Yes	No Yes
		No Yes	No Yes	No Yes	No Yes
		No Yes	No Yes	No Yes	No Yes
		No Yes	No Yes	No Yes	No Yes
		No Yes	No Yes	No Yes	No Yes
		No Yes	No Yes	No Yes	No Yes
		No Yes	No Yes	No Yes	No Yes
		No Yes	No Yes	No Yes	No Yes
		No Yes	No Yes	No Yes	No Yes
		No Yes	No Yes	No Yes	No Yes

Did you answer <b>NO</b> to ALL QUESTIONS?	Access to R&H Construction facilities <b>APPROVED</b> . Thank you for helping us protect you and others during this time.
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Did you answer <b>YES</b> to ANY QUESTION?	Access to R&H Construction facilities <b>NOT APPROVED</b> . Please call your employer to discuss next steps. Thank you for helping us protect you and others during this time.
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**I confirm:**

- Each employee onsite from our company has read and understands R&H Construction's COVID-19 protocols.
- Each employee from our company has properly answered the screening questions provided.
- I have provided the name and contact information below for the person from our company responsible for enforcing social distancing, monitoring employee sickness and face covering requirements on this jobsite. (Anyone that is sick should be immediately asked to go home.)
- That we will remove individuals that repeatedly fail to comply with social distancing and face mask requirements.
- We have requested employees to travel to work in an isolated manner to the extent possible, if not possible, require that it is limited to half its legal passenger capacity or two individuals total, whichever is higher.

Name of Person Completing this form: \_\_\_\_\_

Company Name: \_\_\_\_\_

**Social Distancing Officer Contact Information:**

Name of Social Distancing Officer for your company on this jobsite: \_\_\_\_\_

Phone Number: \_\_\_\_\_