

# COVID-19 (CORONAVIRUS)



## Worksite Entry Questionnaire – I work on a project site

The following questionnaire must be completed in order to gain entry onto your project site. Complete the questionnaire, (where able, your temperature may be taken) signing off and giving to your supervisor/tester.

Date/Time: \_\_\_\_\_

I, \_\_\_\_\_, employed by \_\_\_\_\_,  
Print Name Company Name

Due to the concerns related to the COVID -19 virus, Graham requires employees and Workforce partners to complete the following questionnaire prior to entering this project.

### Please answer the following questions

1. Are you presently experiencing flu like symptoms such as fever, cough, shortness of breath, difficulty breathing or sore throat? Yes No
2. In the last 14 days, did you return from travel outside the country? Yes No
3. Have you been in close contact with a person who has been diagnosed with COVID-19? Yes No

Signature: \_\_\_\_\_

QR Code for Electronic Questionnaire

