

COVID-19 Contractor Screening

Dear Supervisor,

In response to the recent Coronavirus (COVID -19) outbreak and the raised pandemic alert status by the World Health Organization (WHO), Centennial ISD 12 is taking precautions to lessen the spread of the virus. All contractors who enter a Centennial ISD 12 job site at this time must be screened.

Please review the following self-screening criteria with each of your company's, and subcontractor, employees at the start of each workday:

Have you travelled to or through ANY international country or have been on a cruise – regardless of destination – in the last 15 days?	No
In the past 14 days, have you been in close contact with anyone who has been diagnosed with or reasonably suspected of having COVID-19?	No
Have you been advised by a doctor, health care provider or any public health authority to stay home or otherwise avoid contact with others?	No
Have you recently had a fever of 37.8C / 100.4F, a persistent dry cough, shortness of breath or other respiratory symptoms?	No

If any employee or subcontractor answered yes to any of the questions above, please have them return home and contact their doctor for further advice. We ask that they not visit any Centennial ISD 12 job sites until they feel well and have either received a negative test for COVID-19 or are otherwise cleared by a medical professional.

Thank you for your cooperation.

I hereby certify and attest that I have on this ____ day of _____, 2020 required all of the employees of _____, and the employees of its subcontractors, who are on site to sign-in attesting to “no” answers to the questions above. I further attest that the photograph or scan I have emailed to Centennial ISD 12 is a true and accurate representation of the physical sign-in sheet for the date listed above.

Signature _____

Printed Name _____

Supervisors

You are to collect the sign-in sheet with a signature from each of your employees and the employees of all your subcontractors and vendors who have sent individuals to the site that day. Take a photo or scan of that sign in sheet and your signature on this sheet and email before the end of each day to **Tim**

Burton, 763-792-6016; tburton@isd12.org

*Assessment Date*_____

Employees & Subcontractors

I the undersigned, attest I have answered “no” to all the above screening questions. Your signature verifies that your answers are complete and truthful.

- | | | |
|----------|----------|----------|
| 1._____ | 2._____ | 3._____ |
| 4._____ | 5._____ | 6._____ |
| 7._____ | 8._____ | 9._____ |
| 10._____ | 11._____ | 12._____ |
| 13._____ | 14._____ | 15._____ |
| 16._____ | 17._____ | 18._____ |
| 19._____ | 20._____ | 21._____ |
| 22._____ | 23._____ | 24._____ |
| 25._____ | 26._____ | 27._____ |
| 28._____ | 29._____ | 30._____ |