

Covid-19 Screening Questionnaire

In order to provide our employees with the utmost confidence while working for Positive Directions and Positive Directions II LLC, in addition to the preventative measures already in place we respectfully request that as a condition of this company, all employees MUST complete the questionnaire below on each occasion when they attend the office.

This document provides a list of screening questions meant to identify individuals that may have been exposed to Covid-19. Identification and isolation of this virus is the best method of controlling it and ensuring the safety and welfare of everyone employed at PD and PD II LLC.

Signing off on this document means you are confirming the following questions are true. It implies that you do NOT suspect that you have been exposed to Covid-19. If you think you are infected or have been exposed, DO NOT sign off on this document. Instead please immediately contact your doctor and quarantine for the recommended number of days.

By signing below you are confirming the following 5 statements to be true.

- 1) You have NOT traveled outside of U.S. within the last 14 days.
- 2) You have NOT had close* or household* contact with anyone diagnosed (lab or clinical) with Covid-19 within the last 14 days.
- 3) You have NOT had close* or household* contact with anyone exhibiting the Covid symptoms* with the last 72 hours (3 days).
- 4) You have NOT experienced Covid-19 symptoms* in the last 72 hours (3 days).
- 5) You are NOT under a current order from a health professional to self-isolate or quarantine.

*Definitions:

- “Close Contact” = Being less than 6 feet for more than 10 continuous minutes
- “Household contact” = Living in the same household, intimate partner (child, significant other)
- Covid Symptoms are any one of the symptoms with an asterisk OR any two of the others

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| a) New or worsening cough* | g) Headache |
| b) Shortness of breath* | h) Sore Throat |
| c) Fever exceeding 100 Degrees for chills* | i) New loss of taste or smell |
| d) Fatigue | j) Nausea or vomiting |
| e) Congestion or runny nose | k) Diarrhea |
| f) Muscle pain or body aches | |

