Weeks Covid-19 Screening Questionnaire

The safety of our employees is the Weeks Marine number one priority. As the coronavirus pandemic 2019 (COVID-19) outbreak continues to evolve and spreads globally, the HSE Department is monitoring the situation closely and will periodically update company guidance based on current recommendations from the CDC and WHO.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our workforce, we are conducting a simple screening questionnaire. Your participation is required to allow access to the site.

Employee Name:	Personal Phone Number (mobile/home)
Facility/Project Name:	Today's Date:

Circle Yes or No in each question below.	
1	Have you traveled outside the United States or Canada in the last 14 days? Yes No If Yes, Where? _____
2	Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days? Yes No
3	Have you been in close contact with anyone who has traveled outside the United States or Canada in the last 14 days? Yes No If Yes, Where? _____
4	Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing, GI/stomach symptoms)? Yes No
5.	Are you currently taking any of the following medication [ibuprofen (Advil), acetaminophen (Tylenol), aspirin (Bayer), naproxen (Aleve), etc]? Yes No

For more information, see the Weeks Marine privacy statement at https://www.weeksmarine.com/privacy-policy.

Any questions should be directed to CV-19questions@WeeksMarine.com.