

**Great Lakes Dredge & Dock
Daily Project Pass**



Name: _____

Authorized Signature: _____

Date:

**Great Lakes Dredge & Dock
Daily Project Pass**



Name: _____

Authorized Signature: _____

Date:

**Great Lakes Dredge & Dock
Daily Project Pass**



Name: _____

Authorized Signature: _____

Date:

**Great Lakes Dredge & Dock
Daily Project Pass**



Name: _____

Authorized Signature: _____

Date:

**Great Lakes Dredge & Dock
Daily Project Pass**



Name: _____

Authorized Signature: _____

Date:

**Great Lakes Dredge & Dock
Daily Project Pass**



Name: _____

Authorized Signature: _____

Date:

**Great Lakes Dredge & Dock
Daily Project Pass**



Name: _____

Authorized Signature: _____

Date:

**Great Lakes Dredge & Dock
Daily Project Pass**



Name: _____

Authorized Signature: _____

Date:

**Great Lakes Dredge & Dock
Daily Project Questionnaire**



Do you have: **Temp:** _____
Fever (Y/N), Dry Cough (Y/N), Fatigue (Y/N),
Sputum Production (Y/N), Shortness of Breath(Y/N),
or close contact with COVID-19 patient (Y/N)?

**Great Lakes Dredge & Dock
Daily Project Questionnaire**



Do you have: **Temp:** _____
Fever (Y/N), Dry Cough (Y/N), Fatigue (Y/N),
Sputum Production (Y/N), Shortness of Breath(Y/N),
or close contact with COVID-19 patient (Y/N)?

**Great Lakes Dredge & Dock
Daily Project Questionnaire**



Do you have: **Temp:** _____
Fever (Y/N), Dry Cough (Y/N), Fatigue (Y/N),
Sputum Production (Y/N), Shortness of Breath(Y/N),
or close contact with COVID-19 patient (Y/N)?

**Great Lakes Dredge & Dock
Daily Project Questionnaire**



Do you have: **Temp:** _____
Fever (Y/N), Dry Cough (Y/N), Fatigue (Y/N),
Sputum Production (Y/N), Shortness of Breath(Y/N),
or close contact with COVID-19 patient (Y/N)?

**Great Lakes Dredge & Dock
Daily Project Questionnaire**



Do you have: **Temp:** _____
Fever (Y/N), Dry Cough (Y/N), Fatigue (Y/N),
Sputum Production (Y/N), Shortness of Breath(Y/N),
or close contact with COVID-19 patient (Y/N)?

**Great Lakes Dredge & Dock
Daily Project Questionnaire**



Do you have: **Temp:** _____
Fever (Y/N), Dry Cough (Y/N), Fatigue (Y/N),
Sputum Production (Y/N), Shortness of Breath(Y/N),
or close contact with COVID-19 patient (Y/N)?

**Great Lakes Dredge & Dock
Daily Project Questionnaire**



Do you have: **Temp:** _____
Fever (Y/N), Dry Cough (Y/N), Fatigue (Y/N),
Sputum Production (Y/N), Shortness of Breath(Y/N),
or close contact with COVID-19 patient (Y/N)?

**Great Lakes Dredge & Dock
Daily Project Questionnaire**



Do you have: **Temp:** _____
Fever (Y/N), Dry Cough (Y/N), Fatigue (Y/N),
Sputum Production (Y/N), Shortness of Breath(Y/N),
or close contact with COVID-19 patient (Y/N)?