

Time off from Work Activity Questionnaire - COVID-19

In an effort to protect the health and welfare of our fellow employees, their families and their income, please answer the questions below before the start of EACH SHIFT.

Employee Name: _____ Date: _____

Since your last shift:

Have you or any close family member developed COVID-19 symptoms during your time away from the Plant? (A fever over 100.4°F, persistent cough or difficulty breathing)?

Yes No

Did you or a member of your close family engage in any activity that could potentially put you at risk for introducing the COVID virus into your close family circle?

- Activities at risk are participating in large gatherings Yes No
- A visit to an emergency or urgent care center with sick patients or visit a person with COVID-19 positive test or COVID symptoms, Yes No
- Any other activity that you feel put you at risk: Yes No

Did you or any close family member travel outside of Western NY? Yes No

- Was the area involved in an elevated COVID-19 outbreak Yes No

If you answered NO to all the above you can stop and drop form in receptacle.
THANKS for helping keep our families and workplace SAFE!!

If you answered YES to any of the above, complete Page 2

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If You or a Close member of your family Traveled:

Has the traveling individual been home from your travel for a period of at least 14 days?

Yes No

During travels did you follow protocols for the control and mitigation of the spread of respiratory illness (social distancing, cleaning & disinfecting and personal hygiene)?

Yes No

What risk level would you consider your travel or activity during time off best reflects the interactions you had during your time away from VanDeMark (note, if not sure of the risk, rank yourself a level higher on their scale).

Risk Level	Exposures Identified through Contact Investigation	Check one box
High	Living in the same household as, being an intimate partner of, or providing care in a nonhealthcare setting (such as a home) for a person with symptomatic laboratory-confirmed COVID-19 infection <i>without using recommended precautions</i> for home care and home isolation	
Medium (assumes no exposures in the high-risk category)	Close contact with a person with symptomatic laboratory-confirmed COVID-19 <ul style="list-style-type: none"> • a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case– or • b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on) Living in the same household as, an intimate partner of, or caring for a person in a nonhealthcare setting (such as a home) to a person with symptomatic laboratory-confirmed COVID-19 infection <i>while consistently using recommended precautions</i> for home care and home isolation	
Low (assumes no exposures in the higher-risk category)	Being in the same indoor environment (e.g., a classroom, a hospital waiting room) as a person with symptomatic laboratory-confirmed COVID-19 for a prolonged period of time but not meeting the definition of close contact	
No identifiable risk	Interactions with a person with symptomatic laboratory-confirmed COVID-19 infection that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.	

If you answer NO to all question and evaluated as Low risk, you can turn in form.

If not, do not enter plant contact Supervisor, and then call Staff list (Ann Marie, Chris B, Scott H, or Paul) **before the start of your shift.**