



COVID-19 SELF-DECLARATION QUESTIONNAIRE

PRE-SHIFT EMPLOYEE SCREENING

Updated as of 11/17/20

Employee Name _____

Date _____

1. Within the last 72 hours have you or any members of your household (including any temporary visitors or guests) felt ill or exhibited symptoms of COVID-19 (cough, shortness of breath or difficulty breathing, fever, chills, fatigue, muscle or body aches, headache, sore throat, or new loss of taste of smell, congestion or runny nose, nausea or vomiting, and/or diarrhea)? Yes No
2. Do you have any reason to believe you may have been exposed to, contracted, or come in direct contact with someone known or believed to have contracted COVID-19 in the last 14 days? Yes No
3. Have you traveled outside the State of Alaska or been in contact with anyone who has traveled outside of Alaska, including to a known area of sustained community spread of COVID-19 in the last 14 days? Yes No
4. Have any members of your household (including any visitors) traveled outside the State of Alaska in the last 14 days? Yes No
5. Have you traveled within the State of Alaska within the last 7 days? If so, please briefly describe.
_____ Yes No
6. Have you or anyone in your household attended a gathering where proper social distancing and/or face covering protocol as established by applicable public health advisories/recommendations, orders, and mandates was not followed in the past 14 days? Yes No
7. COVID-19 is a new disease and there is limited information regarding risk factors for severe disease. Based on currently available information provided by the Centers for Disease Control and Prevention (CDC), older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19. As of November 2, 2020, the CDC has said that those with increased risk for severe illness from COVID-19 are:
 - [Older adults](#)
 - *People of all ages with underlying medical conditions, including:*
 - *Chronic Obstructive Pulmonary Disease (COPD)*
 - *Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies*
 - *Immunocompromised state (weakened immune system) from solid organ transplant*
 - *Severe obesity (body mass index [BMI] of 30 or higher)*
 - *Type 2 diabetes mellitus*
 - *Chronic kidney disease*
 - *Sickle cell disease*
 - *For additional information regarding people who may be at increased risk, click [here](#).*
 - a. Based on the CDC definition provided above, do you fall within one or more of the high risk categories? Yes No
 - b. Are you comfortable returning to your workspace? Yes No
 - c. Would you like to discuss any temporary workplace accommodations due to the current COVID-19 situation? Yes No

If you have any questions, please don't hesitate to contact your local Human Resources Department:
asrchr@asrc.com or (907) 339-6886.