

EXHIBIT A – EMPLOYEE HEALTH SCREENING FORM

Date: _____

Cough

1. Do you have a new cough? ♦Yes ♦ No
2. Do you have a cough that you have had for more than a month and if so, is the cough worse in frequency, severity, intensity or in any other way? ♦Yes ♦ No

Fever

1. Have you felt feverish or have you had a fever in the previous 24 hours? ♦Yes ♦ No
2. Current Temperature _____ (Greater than 100.4, don't report to work)

Shortness of breath/difficulty breathing

1. Do you feel short of breath or have difficulty breathing in a way that is not normal for you? ♦Yes ♦ No

Exposure

1. Have you had an exposure of more than 10 minutes and closer than 6 feet to a person who has a test confirmed diagnosis of COVID19 in the previous 14 days? ♦Yes ♦ No

If yes to any of the above questions about symptoms or fever above 100.4, entry is denied. The individual should go home, isolate themselves and call the Department of Health hotline for the jurisdiction where you live for more information (see below).

An employee can return to work if symptom and fever free for at least 72 hours.

CLEARED ---- FOLLOW-UP REQUIRED

For more information on COVID-19, please call the COVID-19 Hotline at:

If you live in the City of St. Louis, Missouri 314-657-1499

If you live in St. Louis County, Missouri 314-616-2600

Or call the Department of Health from the County where you live