

ALL SEALANTS, INC.

SEALANT AND WATERPROOFING CONTRACTORS

9445 Corsair Road . Frankfort, IL 60423 . (708) 720-0777 . Fax: (708) 720-1651

Daily Employee Health Check

Employee Name _____

Week Ending _____

| Symptom | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--|---|---|---|---|---|---|---|
| Temperature | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Coughing | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> |
| Shortness of Breath | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> |
| Chills | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> |
| Flu-Like Aches & Pains | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> |
| Headache | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> |
| Sore Throat | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> |
| New Loss of Taste or Smell | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> |
| Recently in contact with someone COVID-19 positive | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> |

Important Notes:

- This is the list of symptoms currently recognized by the CDC to potentially be related to COVID-19. Please contact your doctor if you have any concerns relating to your health.
- Be sure to use proper technique when taking your temperature. Follow the thermometer's instructions and avoid drinking any liquids for 30 minutes prior to ensure the most accurate reading.
- Please call your superintendent before reporting to work if you answer "yes" to any of the symptoms or if your temperature is above 100.4 degrees. A "yes" answer doesn't automatically result in a need to stay home, but should be discussed. If any symptoms develop during your shift, notify your superintendent immediately.
- Your cooperation in this self-check process is for the health and safety of you, your co-workers, and all others on the jobsite. We appreciate your assistance with this. Please send a photo of your completed form at the end of each week to allsealants@gmail.com or text to 708-606-9877. All forms will be kept confidential and filed in a locked cabinet.

Employee Signature _____